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LT CHRISTIAN'S LITTLE BLUE BOOK

**A GUIDE FOR U.S. NAVY
SHIPBOARD MEDICAL OFFICERS**

BY

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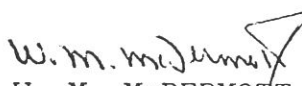
FOREWORD

As it should have been, this book was born at sea - in my cabin aboard a Navy ship underway in the Caribbean. The impetus to its birth was the many discussions with the authors regarding the need for a compendium of shipboard life and medical practice for use by those of our junior Medical Department officers fortunate enough to be detailed to a ship of the fleet.

Within a short time most of you reading this book will be going over the "brow" of a Navy vessel to begin an experience in what will be one of the most complex and challenging environments imaginable. But an environment which, if you meet it halfway, will provide more satisfaction than any in which you will ever live or work.

For some of you, the mission of the Navy at sea will come as a new and perhaps harsh reality. For the first time many of you will be practicing medicine within a command whose mission is not health care but rather to fight at sea and whose first responsibility is the preservation and safety of the ship and the men in her. As you better understand this concept, you will become increasingly more comfortable with your role as a member of a team whose skills comprise a multitude of disciplines each as sophisticated as yours. For the most part, your team mates will be working in an environment with which they are completely familiar from long years of training and experience. For you it will be new and for that reason learn from them in order to better perform your job.

Your lack of experience is what makes this book so valuable. Our authors, Captain Cowan and Lieutenant Christian have caught the spirit of medicine at sea. In the months ahead you will find that almost every possible circumstance you will experience has been described or mentioned here. This book should be the foundation on which to base your own growth and experience. With this beginning, your experience as naval officers with our fleet will be a part of your career that will be remembered forever.


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PREFACE

Congratulations on your assignment to the USS NEVERDOCK (or her sister ship of the fleet). If you are not ship-bound and only picked up this book accidentally, put it down. There is nothing here of much interest to you. If you are ship-bound, read on; the year ahead holds many surprises in the work environment, relationships to others and the scenery (unless you are aboard a submarine). All will be drastically different from ward life. This booklet relates the experiences of a few who have undergone this transition before you and is designed to help make your assignment easier and more enjoyable.

Many physicians have expressed, in one manner or another, that they would rather have sharp things stuck in their eye than take a year out of their training to float around on a BGS (Big Gray Ship). Others are happy for the year off to gather themselves, pick a specialty, or just have the chance to occasionally be outside when the sun is shining. Whatever your feelings about shipboard medicine, you can have it anyway you wish--it can be miserable, unrewarding and boring, or it can challenge you thoroughly while giving you a look at a world few people see. Nowhere is the old saying truer; you get back what you put in.

A tour of duty with the line is key to the development of a Naval Medical Career. Without the perspective of those we serve, a military physician will always be myopic in his approach to active duty patients and will not likely get much satisfaction from his time in service.

You will find the line to be extremely open and receptive to your efforts. Most physicians have been amazed at the helpfulness and appreciation shown to them by the officers and men of the fleet. If you no more than do your job adequately, you will be considered the best thing since buttered bread. ANY extra effort on your part will be greeted with the same enthusiasm as if you showed them how to walk on water.

We don't know why this is, but generations of physicians rotating through the line have almost universally had the same experience. This response is not because the previous physician was a foul ball and you only look good by

comparison. The enthusiastic reception the Medical Corps receives from the line is so consistent, there just aren't enough bad performers around to set everyone up to be a hero.

It must have more to do with the importance placed by the line on our involvement with their operations. Perhaps they are in a better position to see the positive impact on morale, ship's function, and effective operations that can be engendered by an enthusiastic and efficient medical officer. Just being the "doc" gives all of us a great big leg up in the shipboard community. (Remember, too, those who follow behind you depend on the legacy you leave.)

Take time to brush up on military customs if you can. The line community operates differently from the hospital. A few hours with the ARMED FORCES OFFICER, despite its turgid prose, or the WATCH OFFICER'S GUIDE, or the DIVISION OFFICER'S GUIDE are very worthwhile.

If you have never been in a line military environment, you are certain to make social blunders--there is a very rigid code of behavior. Bear it with good humor--you are considered "fair game". The other officers have been looking forward to your arrival so they can "gig" the new doc. Even if you have spent time boning up on military courtesies, they are pros and will get you. ALWAYS REMEMBER: Be patient. You will have your chance to join the fun when you become one of the "old pros"--newcomers are always in ample supply.

In addition to general military courtesies, there are some specifics to shipboard survival. Below are some general helpful hints that will enable one to make the transition from shore to ship a little less intimidating.

INTRODUCTION

Planning for shipboard existence should begin immediately upon receipt of orders. You will need as much advance information as you can get, with enough time to make preparations. The best way to start is to write a letter to the Executive Officer of the ship to which you are assigned.

This letter should identify yourself to him as a future shipmate. Include a thumbnail sketch of yourself, including your education, interests, and plans. The XO is an invaluable source of information about everything you will need from uniforms to operational plans. A letter from you is a signal that you are, indeed, a living, warm body with an interest in the ship. (Since such a letter is also standard operating procedure among line officers, it gives your XO a strong indication that you have at least a clue as to what's happening.)

Ships' movements are classified. It may be difficult, but you will need to determine a reporting day; the XO can give you the best guidance in assigning a date. He may have information regarding your ship's movement that he cannot convey through regular communication channels, but he can certainly give you guidance. You must remain flexible about the time you report aboard. Schedules change based on contingencies; perhaps one of the most forlorn feelings in the Navy is to be standing at the dock watching the exhaust smoke of your ship disappear over the horizon. If you are in the reasonable geographic vicinity of the ship, either home port, or on operations, take the time to visit (scheduled if possible) some afternoon. More can be accomplished personally in an hour than with a pound of letters. The time is really worth the investment.

The XO can give you direction in getting your uniform requirements together. Basic working uniform for officers aboard ship is working khaki. Most physicians coming out of their internship don't own any. With his knowledge of planned deployments of the ship, the XO can also give you some hints as to what you need in heavy weather gear (most of us use a raincoat with a liner for winter wear, but this may not serve). The working winter uniform aboard some ships is black trousers, shirt and tie. Remember when planning uniform purchases for the next several years that the Navy

twill is to be the certified fabric in 1985, but the twill is polyester and for some shipboard working uniforms, may not be acceptable.

By the letter of the law you are supposed to have a full seabag. If the opportunity to fill one has not yet presented itself, see the appendix for what it should contain. The better yours is filled the fewer the opportunity to be embarrassed by the lack of a required item (always occurs on deployment to some far corner of the world, never less than 2,000 miles from a uniform shop.)

Ships schedules are unpredictable. The wise sailor is ready for all contingencies. People who dress for a particular trip on schedule may be caught short.

A MINIMUM seabag should contain three changes of all working uniforms: khakis, whites, and winter blues, in addition to service dress blues and special uniforms as recommended. If your ship is to be making courtesy calls through the Mediterranean or Caribbean, you may need a variety of dress uniforms up to and including a sword. Goodwill tours can become very "party intensive" and you may be thrust into canapes up to your eyebrows.

Above all, do not skimp on working uniforms. (Ships' laundries can be notoriously slow especially when you need them most.) Your only change may be in the laundry when a sudden roll spills your breakfast on your lap (or a seasick sailor ruins your only clean working uniform). That's one of the Laws of the Sea---the 7th we think.

Packing your seabag is an important skill to develop. We have already discussed uniform selection, but since you will (hopefully) not be working all the time, your happiness and comfort on a cruise will depend on your selection of items to pack. Space is limited and you can't bring everything that you might want with you, however, with a little common sense and the optimistic anticipation that you will have moments to enjoy, bring sports equipment (tennis racquets, golf clubs, snorkles, etc.), reading material, chessboard, a radio with cassette player, backgammon game, and possibly, even a small portable television set. It's amazing how frequently these things get used.

You will almost certainly want to bring your favorite

medical instruments, stethoscope, otoscope, etc., and especially those medical books which help you deliver primary care. The choice of titles is up to the individual, but an up-to-date Harrison's TEXTBOOK OF INTERNAL MEDICINE, Christopher's TEXTBOOK OF SURGERY, Connolly's MANAGEMENT OF FRACTURES AND DISLOCATIONS, a Washington University MANUAL OF THERAPEUTICS, Conn's CURRENT THERAPY, and, perhaps, Kravis and Warner's EMERGENCY MEDICINE text would cover the ground for almost any emergency situation.

One final word on what not to bring: any kind of "contraband". The Navy has become very strict in its enforcement of rules against illegal drugs. (There is no confusion about the Navy's stand on drugs). What some may not realize is that the Navy is equally serious about its prohibition of alcohol aboard ships. There is a myth common in the medical corps that it is really "okay" for physicians to have liquor aboard if they tell everyone it's for "medicinal purposes" and that the Captain will wink and look the other way. No. this is dangerous. Don't do it.

Equally illegal is the possession of personal firearms. If you are one of those graduated of inner city medical schools who developed the habit of carrying a sidearm for survival, check with the Executive Officer, most ships have provisions for storing such items.

NAVAL "ETIQUETTE"

THE QUARTERDECK

The quarterdeck is the nerve and communication center of the ship when not underway. The Officer of the Deck stands watch there to receive all personnel coming aboard. To properly enter the quarterdeck, one must stand facing the fantail, rear (aft end) of the ship, and salute the "Ensign" (the United States flag). Then face the Officer of the Deck (OD) and salute, saying, "Request permission to come aboard, Sir". Always salute and say "Sir", even if the OD is junior to you when you are not already a member of the crew. The OD will say "Permission granted", and will probably ask for your ID card. (Don't EVER go ANYWHERE without your ID card; you either can't get there, or you can't get back!) To leave the ship, do everything in reverse order, asking permission to go ashore. Between sunset (at night) and 0800 (morning), the Ensign is not flown. DON'T SALUTE A NAKED FLAGPOLE! Face the fantail for a moment (when coming or going between sunset and 0800) and proceed on your way.

Since the quarterdeck is the ceremonial receiving station, there are rules of etiquette to follow. Always stay covered. Never be on the quarterdeck without wearing your hat. As a matter of fact, always wear your cover outside the skin of the ship. It is proper, and you will not be able to return salutes or be saluted unless you are covered. If you are saluted when uncovered, the book response is a nod and a verbal "good day" or some other acknowledgement. (To return the salute is technically incorrect, but polite, and unlikely to cause hard feelings.) Always take saluting seriously. Your shipmates do.

Another steadfast rule is NEVER eat anything on the quarterdeck. Eating is done only in the wardroom or in the enlisted messing areas and is generally prohibited elsewhere on the ship. This helps prevent roach problems that can arise from food particles strewn about. We know you're not that messy an eater, but it's still the rule.

Likewise, the quarterdeck is not an area for socialization, good comradeship, or sunbathing. Such activities should be avoided within sight of the quarterdeck while in port. That doesn't mean that you can't go up on the

higher decks and get some sun while underway. However, it is not a good idea to take a picnic lunch, radio, swim trunks and suntan oil to spend the entire afternoon trying to get a tan. There will be specific times, usually during lunch or when on holiday routine, when you will be able to "catch some rays", weather permitting. Be discrete about this privilege; many of the crew will not have it for various reasons and resentment can develop.

THE WARDROOM

The Wardroom is each officer's seagoing home, a home in which he should be proud to entertain his family and friends. Whatever the circumstances, it is a place where members should conduct themselves with common sense and good manners. It is the officers' dining and lounge area. Depending upon the size of the ship, the wardroom may consist of a separate dining and lounge area or be combined into one room. In addition to observing rules of etiquette, local customs and traditions, there are some general rules you should know:

1. Always remove your cover when entering the wardroom. Offenders buy a round of CHEER for all those present.
- 1s. You are required to pay to become a member of the wardroom mess. When reporting aboard, find out who the Mess Treasurer is and make arrangements to join.
3. Never appear in the wardroom out of uniform. Civilian attire is allowed in the wardroom for brief periods only when departing on or arriving from liberty.
4. Show consideration for your fellow officers when using a radio, tape deck or television.
5. Magazines and newspapers should be handled carefully. They should not be left adrift or be removed from the wardroom.
6. Your feet belong on the deck, not the furniture. If you wish to sleep, you should retire to your stateroom.
7. When leaving the wardroom, leave the place neat and orderly, whether or not you found it that way.
8. Depending on the wardroom, meals are served promptly

at the times indicated. Be punctual for all meals. The senior officer present will be informed when the meal is ready. Everyone will then proceed in an orderly fashion, senior officer first, into the mess.

9. Officers and guests should remain standing until the senior member of the mess is seated. Any officer who is late to a meal should request permission to join the meal from the Mess President or the senior officer present before sitting down. (This rule depends on the wardroom--local customs prevail.)

10. There is no objection to dropping into the wardroom for coffee, but do not make a practice of loitering there during working hours.

11. Any complaints about the wardroom food, etc. should be made to the mess caterer and not to the messmen. A short word about messmen is appropriate at this point: messmen are usually E-1's to E-3's who are new to the command. A requirement for all enlisted personnel at this level is to be messmen or messcooks for a period of approximately ninety days. This is a gruelling job that can take fourteen hours a day, seven days a week. They are responsible for cleaning the galley spaces, mess decks, CPO lounge, wardroom, first class lounge, and, on many ships, the officers' staterooms also. Most messmen are 18-20 years old and have never worked so hard in their entire lives. Most of the time, they will be very tired and feel beleaguered by the work required. Their ninety days seem endless. If you keep these facts in mind when a bowl of soup is dropped in your lap, when one of them falls asleep while serving you dessert or slumps over when trying to clean the deck, have a little compassion. They are working hard and trying to do their best.

12. "Midrats" are provided for the oncoming and offgoing midwatch; i.e., the people standing watch from twelve o'clock (Midnight) to four in the morning. The food set out is specifically for them, not for those returning from liberty with the munchies. If you do want to partake a little of the midrats, remember not to "pig out" and eat everything. This will make the oncoming midwatch very angry and have extremely adverse effects on your wardroom popularity.

THE BRIDGE

The bridge is the area of the ship where navigational equipment and helm are located. While underway, the Captain will spend most of his time either on or near the bridge. While underway, the bridge is manned by the Officer of the Deck, the Quartermaster (an enlisted navigational aide), the Helmsman, the Boatswain Mate of the Watch, a navigation officer, at times the Executive Officer (the chief navigator), and of course the Captain. It can be pretty crowded!

When entering the bridge while underway, you should always have the Officer of the Deck's permission. During busy navigational operations, such as leaving and entering port, refueling operations, etc. keep a low profile. The bridge is the most interesting place to observe operations; however, too many people on the bridge can be a hindrance to those trying to do their jobs. Always keep covered on the bridge. While underway, do not use the Captain's chair, his door, or his passageway. Do not even traverse through Captain's country. These are hallowed areas on the ship and are given the utmost respect by all members of the crew.

HELPFUL HINTS OF GENERAL INTEREST

You need to know the following to get by while onboard. These are not necessarily items of etiquette but, nevertheless, will help make your tour smoother.

1. While underway during refueling details, stay out of sight of the water gunners from fueling ships. They will try to hit anything dressed in khaki. Medical officers are a favorite target because they often don't know about this traditional pasttime.

2. The exception to wearing your cover outside is the flight deck during flight operations. You might lose it into the intakes of an engine and damage the aircraft, as well as seriously mangle your cover. The flight crew will have seizures if they see you walking around with your head covered. Managing their post-ictal states will create more work for you, and you don't need the business.

3. Remember to mark all laundry with your name and social security number. If not properly marked, clothing

goes to laundry heaven and you could end up wearing white socks with your khaki uniform.

4. Make sure you never give away the name of your ship, its location, or its destination on a non-secured phone line. If you do, the communications officer will make you speak in sign language for the remainder of your tour.

5. At various times during the day, you may hear a series of bells followed by an announcement that someone important is coming aboard the ship. If it is the Captain, you will hear four bells, followed by the words, "Neverdock arriving". (The Captain is customarily given the name of his ship as his title.) The same applies for commanders of squadrons, fleets and forces. For example, the Commander of the Surface Force, Atlantic would be called COMNAVSURFLANT when reporting aboard. Six bells are rung (or a bell is rung six times) and "SURFLANT arriving" is announced. Anytime you hear bells followed by an announcement that someone is coming aboard, rest assured that it is someone senior. If you are in the area when someone arrives who is rung aboard, stand at attention and salute as he passes. You will never go wrong.

6. On most ships, twelve o'clock noon will be rung by eight bells in succession. Don't mistake this for a fire alarm, which sounds similar if the eight bells are rung quickly. Don't confuse this with a full Fleet Admiral arriving. (At first it may seem like bells are ringing everywhere, but eventually you will get used to it. And if you are not sure, just ask someone.)

7. There is terminology you need to have cold when you come aboard:

DECK--the deck is the floor. Don't call it the floor. Every sailor onboard will say you are wrong.

BULKHEAD--the wall.

DOOR--On a ship, a door is a door. It separates one bulkhead from another. A door is not a hatch.

HATCH--usually separates one deck from another deck. Hatches usually are considered to separate

vertical areas; doors separate horizontal areas.

OVERHEAD--the ceiling.

SCUTTLEBUTT--the water fountain

GEEDUNK--the exchange

This may all sound a little trite, but it is a big deal onboard. If you want to avoid being unmercifully abused by the members of the wardroom, understand and use these terms.

8. When speaking to the Captain, use the term "Captain" or "Sir". Avoid using the term "Skipper". This term is used by senior enlisted men as a term of endearment toward the commanding officer. Officers do not refer to the Captain as "Skipper", "the Old Man", or "the Boss". He is the Captain and that is how he should be addressed.

9. In the presence of the Captain, it is advisable to never use the term "old tub", "rust bucket" or any other derogatory term when referring to his ship. Say anything negative about the ship in the presence of the Captain and you will be heartfully sorry for your offense.

NAVAL OFFICER (THAT'S YOU)

Physicians reporting aboard are usually just out of their internship. As a result, few have had experience running a department or managing personnel. Certainly none have had the experience of line officers of similar rank. Also, too often, the isolation of a hospital makes a physician feel that his job is no different from that of an employee of Westinghouse, and that only the uniform is different.

While moving out of your office in preparation to change duty stations, you probably came across your commission packed away in the bottom of a drawer, or perhaps, framed in an initial rush of patriotic fervor you had when you received it. The wording on the commission reads: "Reposing special trust and confidence in the patriotism, valor, fidelity and abilities...I do appoint...by and with the advice and consent of the Senate..." The key phrase here is SPECIAL TRUST AND CONFIDENCE.

As a Naval Officer aboard a ship of the line you will be seen as more than a physician, more than a manager: you will be an officer. You will be thrust into a position of authority as a department head or division officer, and will be expected to perform a stellar job, despite lack of prior experience. You will be judged (harshly if you fail) by other officers, chief petty officers and enlisted men aboard. The standards for a Naval Officer are high.

Initially it may seem overwhelming, and it can be if you are disorganized or lack personal assertiveness to prevent being run over. The first rule of survival aboard ship is that "you are in Rome", and we all know what we are supposed to do there. We have already discussed etiquette and a few of the little tricks which will allow you to feel like a part of the group. It will now be essential to follow that up with an assertive program to establish proper working relationships with your co-workers.

With senior officers, you must practice accomplished "followership". You can not choose your immediate superior, yet you must follow his leadership. While your social relationship with him is variable and, in fact, may be quite close, you will be obligated to carry out his commands as

directed. Some superior officers do not give clear, concise and precise orders, but suggest that "such and such would be a good thing to have done". Others, at the opposite end of the spectrum, may be very authoritarian or even dictatorial. You will have to learn how each officer asserts his authority.

There will undoubtedly be times when you disagree with an order. If your disagreement is on a non-medical issue, do not fight it. Do it his way and if it doesn't work bring up your suggestions later. If it is medical, and your superior is not a medical officer, use your common sense. He does have the hammer; he is the boss. Nevertheless, a reasonable proposal, brought forward in a modest and simple manner, has a good chance of convincing him. More than does a shouting match or a petulant argument. You can do your point of view a tremendous favor by staffing your argument well. A well-structured proposal, preferably in print, with guidelines for implementation, will take a big load off your senior's back and may sway him to your point of view on an issue.

If a difference of opinion over a medical matter is irreconcilable, your conscience must be your guide. Try to remember that he has more than the medical aspects of his ship to consider. It may be that non-medical factors play a bigger role in his decision than you are able to see. If, after all consideration, you receive orders that you absolutely cannot comply with, your only recourse is to request Captain's Mast. The seriousness of taking such a step cannot be overestimated. Don't smash a fly with a Buick. Even though it is true that "Chicken Little only has to be right once", you do not want to be known as the "Chicken Little" of the ship.

Relationships between peers and subordinates should follow the same pattern you would like for your relationships with your superior officers. All of us are in the same boat; trying to do as good a job as we can, and only over our heads from time to time. Take the time to hear what others say to you. Don't lock into a point of view with such rigidity that you will not allow yourself to be confused by the facts.

Somehow, in the early course of our careers, many develop the idea that a good manager is a whip-swinging Simon Legree who makes his subordinates toe the mark and put in a

"full day's work for a full day's pay". Your subordinates are a cadre of young professionals who wish little more than to please their reporting seniors. You will find, mostly through experience, that a good manager is an individual who obtains the most productivity from his people. In the long run, that productivity is better enhanced with the carrot than the stick. While a variety of reprimands and punitive measures will be appropriate from time to time, these occasions will be in the minority.

Here are a few management principles most of us have learned from POOR MANAGERS ABOVE US:

1. Set your own standard of right and wrong. Stick to it.
2. Expect uniformity of opinions.
3. Do not make allowance for inexperience or particular weaknesses.
4. Do not give in to a subordinate, especially on unimportant issues.
5. Do not help others unless it achieves an immediate purpose of your own.
6. Once you have judged a person, never change your mind.

We have all worked for managers who are arbitrary, short-sighted, and antimotivational without permanent harm. All managers also make mistakes or use poor judgment, especially early in their careers. But fortunately our subordinates usually forgive us in time and no permanent damage is done. However, if you follow the above rules carefully, you will either totally demoralize your division in record time, or find yourself in a small boat without oars, never knowing exactly what happened to you.

Good management is actually much easier than bad. There are only a few basic rules to running a section or division successfully. These allow you to achieve all the objectives of the organization while simultaneously developing your personnel.

1. SET CLEAR AND CONCISE GOALS. Early in the course of your relationships, let each individual know exactly what his job is and to what standards you expect him to perform. It is much easier for him to please you. You would not turn a football team loose without telling them where the endzone was, or, perhaps, a better analogy, a basketball team on which only you as the coach knows where the rim is located. When individuals don't know their goals, successful achievement of those goals is a random event.

2. WHEN SOMEONE DOES A GOOD JOB, MAKE SURE THAT YOU ARE FIRST IN LINE TO TELL THEM. A simple word of praise, a pat on the back, a 96-hour liberty, or a letter of commendation for a job well done is a good investment. Chances are, that individual is going to go back and do a better job next time.

A quick word about medals is appropriate here. Your people do NOT have to storm a machinegun nest and take eight slugs in the gut to earn medals. Although you would think that true by looking at the chests of most Medical Corps officers (it is not uncommon for a Captain to retire after 20 years with nothing more than a Geedunk ribbon). When someone does an outstanding job, put him in for official recognition. You are not allowed to give more money, so give a medal. A medal is a substantial stroke and won't hurt your people at promotion time either.

The Captain will be authorized to locally award Navy Achievement medals without higher approval. Navy Commendation medals may be given to personnel who perform at either sustained outstanding levels, or achieved a specific goal in an exemplary manner. While usually reserved for personnel as they rotate from a job, they may be given on the spot following an outstanding performance of some task.

Chances are somewhere in your division you will have a Petty Officer or officer whose productivity is so consistently high that he would deserve the next award up--the Meritorious Service Medal. Don't be bashful about writing these up; "go-bys" are available to give you an idea of content and format. If you don't put

your own people in for awards, NOBODY else will.

3. WHEN A REPRIMAND IS NEEDED, REPRIMAND THE ACTION, NOT THE PERSON. And do it immediately. You don't need to reprimand the individual or demean his sense of self-worth, or attack him on a personal basis. It is easy to convey the message that the disapproval is for an inappropriate or wrong action if transgressions are not allowed to accumulate. Many managers hate such confrontations and allow problems to add up until a blow-up occurs and the ensuing confrontation causes more problems than it solves.

4. For every job assigned to your department or division, there must be some person responsible for that specific job. Always BE SPECIFIC when assigning responsibilities. Don't put out at quarters that you want the X-ray machine broken down and cleaned. Assign it specifically to someone.

5. No specific responsibility should be assigned to more than one man at a time. This goes hand in hand with the above item. The more people you assign to a job, the less likely it is to be done. This may seem like a paradox but since everybody is given the responsibility, each will assume the next guy is going to do it. Narrowing that responsibility increases the likelihood that the job will be done and done correctly.

6. Each person in the chain of command should know to whom he reports and who reports to him. Every man from a seaman recruit all the way to the Captain should know where he fits in this chain.

7. Responsibility must be matched by authority and accountability. A man in a position of leadership must be given leeway to perform his job, and must be accountable for the decisions he makes. A prime example, of course, is the Captain who has total accountability and responsibility for his ship and all the people aboard. This same type of responsibility filters down through the chain of command. A man responsible for a job should have the authority and means to get that job done.

8. Do not have too many people reporting to one

leader. In the shipboard chain of command, the executive officer seems to have quite a few people directly responsible for reporting to him. This is not a good management principle, but it is, at least, thankfully, his problem. Within your department, make sure that people report in a pyramidal fashion instead of everyone reporting to one man. For example, if your HM3 has a task assigned, he should report to the HM2 above him, who, in turn, will report then to the Leading Petty Officer (LPO). Don't have all your corpsmen report directly to the LPO or chief.

The above points are discussed in greater depth in the DIVISION OFFICER'S GUIDE. The DOG is a good reference book; leaf through it for more specific information. In all likelihood, the person just below you in the chain of command is a Chief Petty Officer. While you may have one or two physicians of equal or near rank working under you, most of your administrative responsibility will be management of the Chief's activities. Under the Chief, hospital corpsmen serve in varied assortment of staff jobs.

The Chief is the most experienced and valuable man in your department. Although he is junior to you in rank, he is senior to you in experience, maturity and dealing with people. You should recognize and utilize his attributes to the utmost. He can be invaluable in both initial orientation to your department and the day-to-day operations of sick bay.

Senior petty officers traditionally complain that junior officers usurp their duties. As much as your chief can help you, he can sink you like a rock. Be careful not to overstep your responsibilities and take over the details of supervision which he handles well. By stripping away his authority, you can easily force him into a stereotype--retiring to the CPO mess to drink coffee--before you realize what you have done. Get to know your chief well. Understand his capabilities, background and experience. And afford him the same special "trust and confidence" that your seniors expect from you. Allow your chief to do his job, but check references, ask questions and be skeptical. A good chief will respect your desire to learn and accept your leadership.

At times, it can be difficult dealing with special

requests, especially from your chiefs. As senior enlisted personnel with over ten years or more of service, chiefs may occasionally take liberties. Remember, they still work for you; you can't let them become "independent operators". That doesn't mean you can't allow them an occasional afternoon off, but make sure all work is done or that it will be taken care of before they are allowed to leave.

You will undoubtedly find that officer/enlisted relationships are much more casual and personal in a hospital than they are in the shipboard environment. It may have been your habit in the hospital to address your fellow workers, nurses, corpsmen, etc. by their first names. If so, the close daily working relationship with your shipboard staff will make you feel most comfortable with that same informality. However, traditions of the ship and line Navy run directly counter to that practice. While friendly, first-name relationships will often set the tone you wish to have in your clinic, it may cause confusion among the enlisted ranks and will certainly be frowned upon by the other officers.

The distance between enlisted and officer ranks in the line Navy is maintained by formality. By utilizing informal address you may, in the minds of some enlisted personnel, be closing that gap and their respect towards you can deteriorate. The risk of their becoming overfamiliar or insubordinate is high. Such an unintended change in shipboard relationships can be bad for good order and morale.

Perhaps the best advice is don't call your people by their first names. The second best is be certain your corpsmen know what you mean if you choose to call them by their first names: the other officers and men of the ship probably will not.

A note about the uniforms of others is in order at this point. You are going to encounter a variety of uniforms throughout your operational tour; the Navy is famous for its plethora of ranks, rating badges and insignia. These devices not only identify an individual's rank and branch of service, but also show his position in the chain of command and individual special qualifications. There are more than seventy enlisted rating badges, twenty warrant officer devices and approximately twenty-five breast insignia for both officer and enlisted that will roll through your clinic.

The people wearing these devices have worked hard for them and are proud of their accomplishments. Use some spare time to learn at least the more common designations and their meaning will score big points for you during sick call.

HUMAN RESOURCES AND WELFARE

(1) DISCIPLINE AND GOOD ORDER

Discipline is important in running any department, whether civilian or military. There are rules and regulations that a sailor needs to obey, but sometimes he breaks a rule. Everyone makes mistakes. Everyone must also learn that there is a price to pay.

Minor infractions can be dealt with at local department levels with counseling and extra military instruction (EMI). This should be done through the chief or LPO of the division. More serious infractions usually result in a report chit being filed by the accusing authority. Reports are routed through the Master at Arms to the XO. The XO investigates the infraction and either dismisses the case, awards punishment (usually in the form of an EMI), or forwards it to the CO for Captain's Mast. The commanding officer has non-judicial punishment authority over his men. He hears the case and makes a judgment. More severe cases receive court martial hearings.

As medical officer, you will attend Captain's Mast proceedings to comment on medical problems that may have a bearing on the case. If you must attend as department head or division officer of an accused individual, you will be asked to give an assessment of the man's work habits and overall performance to aid the Captain in his decision.

Court martial punishment may include being sent to the brig. Punishment of "hard labor" or "bread and water" in conjunction with the sentence also may be awarded.

In general, corpsmen are not known to be discipline problems, but there are exceptions. You need to be prepared to deal with them. The biggest mistake you can make is to be "Mr. Nice Guy". Don't be afraid to set down rules and guidelines and stick to them.

Many of these points may seem elementary, but be assured, these situations are real and have created headaches for medical officers in the past. Medical officers tend to lean towards being "Mr. Nice Guy" to much. You should not be

a tyrant, just be firm. Likewise, on the flip side of the coin, "Mr. Hard Guy" is a bad route to take. The manager who allows no input from his subordinates and rules by fear will not go far. This management style may work for a while, but it eventually destroys morals and creates hostility within the department. Efforts to "get even" do not need to be open or overt. Covert disruptions via designed neglect can sink you just as fast as open warfare. Sooner or later your department will fall apart and you will never quite know how you got into so much trouble.

ETOH & DRUG ABUSE

The Navy has a tough drug abuse program that is becoming very effective in cutting down on the use of illicit drugs. The alcohol abuse program is beginning to take hold and has begun to have an impact at this writing. As medical officer, your involvement in these two areas is to help identify those people physically and psychologically dependent on drugs and alcohol and to get them help.

There should be a Command Substance Abuse Counsellor (SAC) who submits drug and alcohol reports to the command. His job is to screen and to set up counselling for those in need. He will refer people to you that he feels may be drug-dependent. Your involvement will be to determine whether there is psychological or physical dependence and make recommendations for treatment, such as hospitalization, alcohol rehab center referral, drug rehabilitation center referral, etc.

The command should be actively involved in this program. You should not be saddled with the responsibility trying to rehabilitate every marijuana smoker on board.

You should not be the SAC. If your new crew sees you as the "drug enforcement officer", your credibility as a health care provider diminishes. They will be afraid to come to you voluntarily for help, as encouraged by OPNAV Instruction 5350.4. Furthermore, everytime you need to do a urinalysis for medical purposes, they are going to think that a drug screen will be done. This is not necessarily bad, but those people requiring urinalysis testing for a medical diagnosis may be afraid to submit samples. A man should be able to come to you, in confidence, if he has a

problem. This won't happen if he thinks you are the "drug enforcement officer".

Try to divorce yourself from that image as much as possible. Impress upon the command the importance of separating the medical from the legal aspects of the drug program. If the captain, however, deems it necessary that you run the programs, you must. In that instance, keep yourself out of the administrative aspects as much as possible.

You should be familiar with the three levels of drug and alcohol rehabilitation in the Navy:

1. First are local command programs. Your SAC should set up counseling sessions and coordinate outpatient counseling with Alcoholics Anonymous and various drug rehabilitation groups. If possible, two people should be assigned as SAC officers, one for drugs and one for alcohol. Alcohol is a major problem and causes sailors more strife than you can imagine. Command support and understanding is necessary to help these sailors.

2. Level two is short-term counseling. There are two programs run by CAC. One is thirty-day inpatient treatment requiring TAD orders and the other is outpatient evaluation and counseling. AA meetings and drug awareness groups are also utilized at this level. These are usually set up as a form of continual follow-up care after a man has been CAC.

six weeks or to the drug rehabilitation center in San Diego. This is reserved for those individuals recognized as being heavily drug addicted or alcohol abusers who the command feels are rehabilitable and can be of further use to the Navy. This is a one-time deal. If they fail treatment, they are often discharged from the service. Most drug abuse in the Navy is recreational use of marijuana.

Well over 90% of all positive urinalyses will be for THC. Some of these sailors will quit after they have been caught and go to Captain's Mast. Others will continue and be caught again.

Most repeat abusers are also behavior problems and useless to the Navy. After the second drug hit, these sailors are processed for "administrative separation", as per Instruction 5350.4. If a man is a good performer and is caught a second time, he is referred to you for a dependency evaluation. Most are simply recreational users and not actually dependent on drugs. You may be able to help some get squared away with local counseling.

The bottom line is that the Navy's drug and alcohol abuse programs work! Keep your role strictly medical, if possible, and avoid "drug enforcement". You can best serve the crew by being a consultant for the man with a true problem who wants rehabilitation. Discuss these points with your commanding officer; your drug and alcohol program will run much better. Reference OPNAV Instruction 5350.4.

SHIPBOARD ORGANIZATION

To get a better idea of how a ship is run, it is essential to understand the command structure. Shipboard chain of command is like any other military chain. The Commanding Officer is assisted by an Executive Officer and a number of department heads in each administrative division of the ship. Under each Department Head are variable numbers of Division Officers, if the department is large enough. Under Division Officers are the Leading Chief Petty Officers and the Petty Officers of the divisions through whom the crew is led.

The following discussion is a general outline, slanted towards the amphibious fleet. Each doc needs to learn his ship organization by heart. On most ships, the departments are: Weapons/Deck, Operations, Engineering, Air, Navigation, Supply, Administrative and Medical/Dental. Under each of these departments are a variable number of divisions.

Command responsibility begins at about the E-4 level (Third Class Petty Officer) and rises. Petty Officers are given graduated responsibility as they advance through each level. At each step they are required to exert more leadership influence over those who work for them and everyone answers to the next man up. This system allows each man to be responsible for the particular orders he is given at any particular time. SOME individual SOMEWHERE in the chain of command is responsible and accountable for EVERY job.

This system lends itself to job completion. When responsible for a particular action, people tend to do a better job. (It is much better to tell one man to be sure all the hatches in a compartment are dogged down properly than it is to tell the entire compartment it must be done and hope somebody will take the initiative.)

DEPARTMENT HEAD

As the medical officer, you will serve as either the department head or division officer for your department. Your job is essentially the same either way, except a department head has more administrative responsibilities, as well as exerting influence on the other departments in the

ship.

The head of each department is responsible to the XO and the CO for the smooth day-to-day operation of his or her area. Policies set forth by the command are given each department. It is the department head's responsibility to see to it that these are implemented. The department head is responsible for the budget, supplies and for personnel management. Some freedom is allowed in setting working hours for his crew. He attends all department head meetings, officers call and eight o'clock reports.

In today's Navy, the medical officer must be an administrator as well as clinician. Administration is not an easy skill to acquire and it takes a concerted effort on your part to become proficient at both. If a physician proves unable to manage, he will lose his administrative responsibilities to someone who may not be as medically well-trained, but who will make decisions for him. That is obviously less than ideal. Only interest and initiative on your part will keep your fate in your own hands.

DIVISION OFFICER

Each department head will have one or more division officers who work directly under him. The division officer is the "action" officer who takes the programs initiated by the department head and implements them. He works more directly with the petty officers and the troops. He does most of the "legwork" and may end up doing "gopher jobs" or "hatchet jobs" that can be unpleasant.

Many medical officers function as combined department head and division officer. The job is to initiate policy as directed by the XO and carry it out. If department Chiefs and LPO's are used well this problem may be minimized.

If you are the division officer, but someone else is your department head, fine. That will relieve you of some of the administrative burdens. But, remember that medical decisions are yours; don't allow decisions on patient management be dictated by anyone but you! You are responsible. Don't be a "yes-man" with no input to the policies of your department. If you don't like something, say so. No one will cut you in half for expressing your opinion.

You will also be given collateral duties assigned outside the medical department. These are YOURS and not your department's. If you are the "tours officer", don't expect your chief to do that job for you! Use your chain of command but don't abuse it.

Below is an outline of the various departments and their responsibilities.

WEAPONS/DECK

The head of the Deck Department is called the 1st Lieutenant. His department is in charge of weapons, lines, anchors, painting and general deck maintenance. If you are assigned to an amphibious ship, the Deck Department will also be in charge of the well deck and the stern gate. Vehicle storage areas, ammunition dump areas and gear lockers fall within their domain.

Many times the 1st Lieutenant will be a Limited Duty Officer (LDO) who is a former Boatswain's Mate. The Deck Department consists mostly of Boatswain Mates (BM rating--the oldest rate in the Navy). These are the men with the greatest fund of deck seamanship that you will find anywhere. If you thought tying knots was great when you were a Boy Scout, you should see these men.

OPERATIONS

Operations consists of radar, combat information center (CIC), sonar, fire control and electronic warfare divisions. Operations usually is in charge of both warfare evolutions and peacetime evolutions concerning specific tasks. They coordinate log requisitions, port call visit requirements and shipwide training. This department is headed by the Operations Boss who is usually senior in the chain of command.

ENGINEERING

This is one of the largest departments on the ship. The Chief Engineer is in charge of running all machinery, electrical propulsion, repair, as well as the air conditioning and refrigeration plants. Engineering may also be in charge of ballast and de-ballast control, damage control, fire parties, rescue assistance parties and repair

parties.

Some of the ratings included in engineering are: Boiler Technicians, Hull Technicians, Machinists Mates, Enginemen, Electricians Mates and almost any rate with mechanical skills. If anything goes wrong with the ship, the Captain will call on these people to correct the problem. They make the ship stop, turn and sometimes go dead in the water. They are in charge of making fresh water. A group you need to know intimately.

The Chief Engineer is a guy with lots of work. Watch his audiograms; he may have or develop high frequency deafness from being down in the noisy engineering spaces for so long. Many engineers could also use a little suntan!

AIR (NOT ALL SHIPS)

The "Air Boss" is the Department Head. He is an airedale with either helicopter or fighter pilot experience. His department is in charge of all flight operations, flight quarters, flight deck maintenance and, many times, the parking lot signs in front of the ship! The Air Boss is a good man to get to know well because he can provide you with transportation when you are out in the middle of the Med. There is no better way to travel than over the friendly skies.

NAVIGATION

The XO is usually the designated navigator for the ship. However, most ships have an Assistant Navigator who is designated as Department Head for Navigation (Nav). NAV consists of QM (Quartermaster) rates. They are in charge of the charts, plots and the navigation details when underway.

SUPPLY

The Supply Officer (SUPO) is the department head. Food service, ship's store and food disbursing officer work for him. This department conducts ordering and buying for the ship. Even though you have an Operating Target (OPTAR) fund of your own, all supplies that you order must go through the Supply Officer for funding. It is a good idea to become friends with the Supply Officer. Without his goodwill, you will obtain nothing.

ADMIN

The department in charge of all paperwork (except for Supply) is usually headed by a junior officer. The XO owns the Admin department because most of his job is administrative. However, since he cannot be there to manage personnel, a junior officer is assigned. Admin is in charge of personnel records, the Plan of the Day, memos, letter writing and the flow of paperwork upon which the Navy floats.

COMMUNICATIONS

On some ships the Communications Department is a division of the Operations Department. On others, it may be a department of its own. It is run by the Communications Officer. His area includes all of radio central and the signal bridge. Under his command are Signalmen, Radiomen, and Electronics Technician ratings. Touring radio is like going to the corner store for the daily newspaper. There you will get all of the important message traffic for the day, as well as world news while underway and out of range of radio and television communications. If you are lucky, in the middle of the night, they may let you listen to the World Series or the Superbowl via telecommunications satellite.

MEDICAL/DENTAL

This department is headed by either the medical or dental officer, depending upon the ship and who is senior. As medical officer, you will be in charge of sanitation, safety, ship-wide training for first aid, mass casualties and, of course, taking care of the ill. Your job will include duties no one else seems to want to do. A frequent procedure is when the XO can't find any place to put a job, it's medical.

Your duties within the medical department will be basically the same whether you are designated as department head or division officer. If you are the only medical officer aboard, you will make all the medically-related decisions. Keep one truth in mind at all times: the Commanding Officer ultimately makes ALL decisions, including medical matters. You are his advisor, but you may never tell him what to do. He will seek your opinion and advice on medical matters, but he has the final say on every subject.

If you are the department head you are responsible for everything that happens in your department. You attend officer's call in the morning and eight o'clock report in the evening (while underway). These meetings are to inform the CO, XO or CDO (Command Duty Officer) of the material condition of the ship.

For quarters (morning reports), department heads muster in formation to receive the plan of the day and coordinate the day's activities. This is called "Officer's Call". Department heads form in one area with the XO. Division officers muster with their division in a designated area for the same purpose. When the department heads are finished at officer's call, they go to quarters and disseminate appropriate information to the divisions. Quarters procedures vary widely according to the preferences of the CO/XO, so be sure you are briefed by whomever you are relieving.

Eight o'clock reports occur every evening, usually outside the wardroom. Underway, department heads give their reports to the XO; in port, duty department heads report to the CDO. If you are a department head, your reporting responsibility is to be present at the assigned place, stand at attention, and report, "Medical Department all secure, Sir," while saluting. If all is not well in the material condition of your department, describe the discrepancy briefly. The XO will indicate your next course of action.

Up the chain of command you report to the Executive Officer. He is usually the "tough guy" on the ship. His responsibility is to make sure things run smoothly and to carry out the Captain's orders.

For obvious reasons, establishment of a good rapport with the Executive Officer will make your life much easier! Identify the chain of command and always try to use that chain of command, both up and down. It is a tool the military uses for disseminating information, orders and responsibility in an orderly and sensible fashion.

Parallel to every official chain of command is a "ghost" chain. This chain is based on special personal qualities, talents, and abilities that are helpful to the good order of the organization. Your skills as a medical officer place you in a specific and enviable position in this

"command". Among the officers and men of the ship, only you have direct and personal access to the highest, as well as the lowest rating. Your position sets you apart from the day-to-day mechanical running of the ship. Your counsel is sought regarding medical, morale, social, recreational and a plethora of other human-related problems. To no other officer will the lowest ranking seaman reveal himself with candor. No other officer would dream of speaking directly to the Captain on issues of importance not amenable to the chain of command.

BUT: As quickly as you are ensconced in this valuable niche of the organization, indiscretion can cause it to be lost. While Chicken Little only has to be right one time, everybody gets very tired of listening to him. Any suggestion that you are violating confidences will destroy your credibility, both as an officer and as a physician. Bypassing others in the chain of command, whatever the issue, always raises the possibility of making big waves. Be careful.

Responsibilities both in and out of your department include leadership, training, discipline, and counseling. For those personnel working under you, you will be team captain, school teacher, and mother and father, all wrapped up in one. While the idea of leadership may seem foreign and frightening, physicians are, in fact, trained as leaders. For the past year, you have been leading a ward team (when the resident wasn't around), have provided leadership to students and to your patients in counselling. You will also find very quickly that it is easier to lead a horse in the direction it wants to go. If you have good people assigned to you, and if they judge your leadership to be fair, open, and honest problems will be small.

Advancement, continuing education, and special Navy training program opportunities must be funneled through you. Many of these ongoing programs are competitive within specific ranks. Your job will be to identify qualified individuals within your command and stick up for them. Push for their training, make it available whenever operational demands allow, and support every opportunity for their continued advancement. You will do them, yourself, and ultimately, the Navy immeasurable good.

Grievances, family problems, marital discord, financial

troubles, and even trouble with the law may be placed on your doorstep by personnel who look to you for help and guidance. It is likely that you will feel uncomfortable with some of the social burdens. However unqualified you feel, remember that there is no one more qualified, at least in the immediate vicinity. and there is no one else your man has more faith in, or he wouldn't have come to you in the first place.

There are resources you can depend on for help, referral and other assistance where required. The Chaplain's Office, Navy Relief Society, Legal Office, etc., are valuable sources of aid. Any problem you can't handle alone should be referred, but with a little time and human concern on your part most problems either dissolve or become solvable.

ADMINISTRATIVE VERSUS BATTLE ORGANIZATION

The organizational structure as outlined above is for routine day-to-day activities. These change drastically under battle conditions and/or special evolutions (condition 1 alpha, flight quarters, fire drill, mass casualties, etc.). A Watch, Quarter and Station Bill is posted in each department to outline the responsibilities of each person in your department for all specific evolutions. (For example, flight deck corpsmen at flight quarters, or boat corpsmen for the Search and Rescue team.) Under battle situations, the chain of command may differ as people come in to different areas for a specific duty. You must be familiar with personnel that you obtain from other sources. (phone talkers at the battle dressing stations).

The Ship's manning document will outline (man-for-man) the personnel and where they are to be for each situation. Refer to it if you have trouble. If you don't familiarize yourself with it, other departments will steal your people and offer no one in return. Hardly a fair situation!

ADMINISTRATIVE RESPONSIBILITIES OF MEDICAL OFFICERS

SUPPLY SYSTEM

It would take an entire volume to explain the Navy's supply system. After a year aboard ship, you will probably be more confused than when you first reported. Ignorance may be bliss, but, nonetheless, a basic outline of how the system works and your role in it will be/is necessary. This will not be an outline of how to fill out order forms, or which order forms to sign; that can be learned when you get aboard. Besides, it will not be your direct responsibility to do the paperwork for your supply system--your chiefs and petty officers will be in charge of carrying out the day-to-day routine. What you will need to know is an overview so that you can be a good manager. You need to know from where the supplies come, how to get them, and how to scramble if you need something in a hurry!

AMAL

Of primary importance is the AUTHORIZED MEDICAL ALLOWANCE LIST (AMAL). Each ship has a specific AMAL, required to be current and complete at all times. There are very important and useful items on that list, as well as some outmoded and useless material. If your AMAL is up to snuff, you are fully equipped (on paper) to handle anything that happens. In reality, you will have most of what you really need from a medical and dressing standpoint. You can order additional supplies you deem necessary out of standard Navy supply without any trouble (as long as you have the money).

OPERATING TARGET (OPTAR)

Yes, Virginia, money is necessary to obtain all things, including AMAL items. The mechanism for funding is that your department will be allocated a quarterly Operating Target (OPTAR). This is the department operating fund out of which you buy your supplies. Each ship doles out money to its departments differently, so we can't say how much you will have. You might get more than you need, or find yourself on your hands and knees with a tin cup begging for more.

After you receive your OPTAR dollars, you will need to separate the money into two piles. The first is for AMAL

items and other items available through the Navy supply system. The other is the "open purchase" pile to obtain items from vendors outside the Navy Supply system. You may buy open purchase if Navy supply doesn't have what you want and you can demonstrate a need. (The ship's supply officer must sign all purchase orders, so don't hope to slide through unauthorized items.)

Generally, three competitive quotes are required on any open purchase item. The Navy is required to buy everything from the lowest bidder. This doesn't always apply because sometimes three competitors are not available. You should be able to get whatever you need provided: 1) you have the money; 2) you show a need; and 3) you use the system properly. Of course, it won't hurt if the supply officer is your blood brother!!!

One jealously-guarded but open secret is that if you don't spend your money, somebody else will! Use quarterly OPTAR money to the fullest by keeping your AMAL up to date, your equipment well maintained, and all expired pharmaceuticals rotated and replaced. Money left over is often given to another department and your next quarter's OPTAR reduced by that amount. Conversely, don't spend your money on junk or waste it because you will be sorry--GUARANTEED.

If you budget your money correctly there shouldn't be any problem getting what you need unless there is an emergency in some other department, for example, Engineering. They have the most maintenance and the most expensive items to replace. At the end of the quarter, you may find you have less money than originally allocated. Look for Engineering to have gotten away with some of it because of some relatively minor, but expensive disaster.

Learn how ordering is accomplished from your chief or LPO. Most chiefs have the supply system downpat and can show you a few tricks. They can be magicians in the barter trade system of getting what you need on short notice by trading something worthless for something useful.

One guidebook you should be sure you have at hand is the MILSTRIP HANDBOOK (NAVSUP Publication #049). MILSTRIP stands for Military Standard Requisitioning and Issue Procedures (OR SOMETHING LIKE THAT!!!). This handbook

outlines codes and numerical systems that need to be deciphered when dealing with message traffic concerning supply items and order forms. Be aware of it, but don't try to become an expert; it will drive you crazy.

SUPPLY

Ordering an item from supply appears simple. The first step is to find the Navy Stock Number (NSN) for the item. Once that is known, filling out the 1250--order form--is easy. The 1250 is then signed by the division officer or department head and sent to the supply office. In supply, the OPTAR fund is checked (to make sure you aren't overdrawing on your account, so to speak), the order is approved and sent through channels. Once the shipment arrives (which can take anywhere from one month to thirty years), a pink copy of the 1250 is kept on file by your supply petty officer and deducted from your OPTAR LOG. Sounds easy, doesn't it? (You should be keeping an OPTAR LOG, like a checkbook, just to keep the folks in supply in line! More later.)

It's not. Don't relax when the request leaves your office. There are enough offices and people with their hands on a order that it can get stalled or jammed at multiple points. Use your tickler system and be politely aggressive about checking the progress of important items. No news is not always good news and you can't be sure you'll be notified of a hangup. Discovering that an order for Penicillin has been sitting on a clerk's desk for six months can be irritating. Especially if you discover it the night you pull into Port Venereal for 72 hours of rest and recreation (R&R).

Your supply petty officer should keep a running log of all expenditures in an OPTAR LOG. At the beginning of each quarter you will get an OPTAR for that quarter. The log should total all expenditures against the OPTAR balance as you spend it. At the end of each quarter, debits and credits should be reconciled (just like balancing a checkbook) and any money left carries over to the next quarter. At times, your figures will not coincide with what supply says you have because some of your money was siphoned off by some other department. The only way to prove that happened when someone claims you overspent is to keep accurate records.

Make sure that your OPTAR LOG is run on a quarterly

basis, not on a yearly basis, and is balanced at the end of each quarter. Otherwise, you may find yourself short of money at the end of the year! If you do find yourself strapped, as a last resort you can appeal to the XO's and CO's reserve fund. It is not widely known by medical officers that the Commanding Officer and the Executive Officer each have a share of the OPTAR money in a reserve fund to use as they see fit for an emergency. If you have a medical supply emergency, you can appeal to either of these.

When ordering "open purchase" (outside the Navy supply system), make sure you get the supply department involved BEFORE you buy. An invoice order and a voucher made up by supply go directly to the vendor from whom you are buying. Do not, under any circumstances, order anything yourself and expect to be reimbursed. That will not happen! There is nothing supply can do to help you. The rules are very clear and strict on ordering open purchase items. Supply must initiate all orders for anything concerning the ship. If there is any doubt, check with the supply officer.

When shipments from any source come in, check them as soon as possible to make sure they are exactly what you ordered. Your corpsmen may not always be familiar with some of the things, such as surgical instruments, that you have put on order. If you don't check to make sure shipments are what you ordered, you may end up trying to sew someone up with a pair of pliers.

It is helpful to ask a supply petty officer to inform you daily of all shipments and goods that come into your department. It will be especially helpful to keep you up to date on medications received to know what can be prescribed from day to day. It is infuriating to not be able to prescribe a certain medication because you believe it is out of stock when, in reality, it was in stock for the past three months and no one mentioned it.

Another good reason for checking what comes in is that you can't trust everybody totally. By keeping a check on what comes and goes, you can prevent temptation from striking someone who might decide to siphon off some of your supply products for his own personal hospital stock.

NARCOTICS

Narcotic shipments, theoretically, should be received by the bulk custodian and put immediately in the bulk safe. This will not always be the case, depending on the bulk custodian's other duties and where he is when the shipment arrives. When receiving such a shipment, sign for it personally. If you can't, then have your senior medical department representative, either the chief or the LPO, sign for and secure it until the bulk custodian can store it properly. This will protect you from suspicion should drugs turn up missing at a later date. When it comes to drug abuse the Navy takes a very hard stand. Keep yourself completely above suspicion by being careful, proper, and as thorough as possible. (More on this later.)

OTHER PROCUREMENT, NAVY (OPN) PURCHASES

Items that cost over \$5,000 are known as OPN open purchase items. X-ray machines, whirlpools, operating room tables, etc., all fall into this category. If you want an item that is expensive, you need to put your order in at least a year in advance. A little math shows you that 1 year = 12 months and you are gone--as in "not there". You will NOT see the equipment you ordered. But the guy behind you is counting on you to look out for him. OPN purchases do NOT come out of your OPTAR. They are funded separately.

CONTINGENCY SUPPLIES

A number of storerooms located in various parts of the ship are designated for your medical supplies and equipment. Some of these will be readily accessible from your medical spaces; others will be so out of the way they require a navigational chart and sextant to find. One of the first things you might do during the turnover time with your predecessor is to get a tour of all the medical department storerooms. This will not only better acquaint you with the ship in general, but will allow you to find supplies later. The first time you venture out on your own, leave a trail of bread crumbs!

Another good reason for touring the storerooms is to get a visual idea of the material for which your department is responsible. You will be pleasantly surprised by the abundance of supplies at your disposal. Some of it will be unavailable for every day sick call. There should be blankets, cots, stretchers, baby bottles, wash basins,

gynecological instruments and empty bottles (by the thousands). Most of this equipment is earmarked for disaster relief and/or evacuation of civilians during wartime operations. You will also find some miscellaneous items never heard of and others you thought you would never be able to get.

It is a good idea to inspect the storerooms throughout the year to see that spaces are kept neat and clean and properly stocked. You will occasionally find surprises: personal gear belonging to corpsmen, bicycles, radios, tapes, tape players, wood carvings and various other souvenirs purchased at foreign ports.

One important supply function is stocking your personal medical kit and crash kit in the operating room. These are often overlooked by the corpsmen who update medicinals and during preventive maintenance of equipment. Your personal doctor's bag should hold most medications necessary for cardiac resuscitation, and a small supply of narcotic medications for immediate pain relief in trauma situations. At least once a month you should inspect the kit, checking the dates of all medications and replacing those which have expired. If your chief and LPO are on their toes, this will be done for you automatically, but don't assume that it will be. You don't want to get caught short in a true emergency.

A crash kit should be kept at all times in your operating room as part of the permanent equipment. You can have one made up for you by putting the various drugs and medications, IV's, IV bags, tubing, etc., all together in a locker or box. There are a few companies that have ready-made emergency crash kits that are easy to use and include all the material you will need for any code, including laryngoscopes and endotracheal tubes. These are good purchases and it is recommended that you get one. All major medical supply houses carry such kits. All you need to do is call a company representative; they will be more than happy to sell you one or two.

Other than AMAL items, supplies, for the most part, will be up to your personal preferences. You need a wide variety of cold medications, anti-inflammatories, antibiotics (both PO and IV), some plaster for rolling casts, metal splints for fingers, and a good variety of suture material and needles.

It is fruitless to list specific items; it is different for everyone. Keep in mind that at sick call, you'll be seeing approximately 50-60% orthopedic problems, 10-15% psychological disorders (mostly personality disorders), and the other 20-25% will be a variety of ailments. There will be adequate medical supplies to take care of most ailments yourself and you will have to refer or medevac a very small percentage of cases.

Before embarking on a cruise, make contingency plans based on your destination and mission. If debarking a task force of Marines on the Philippines for maneuvers, don't be caught without malaria prophylaxis. (It happened once and casualty rates were high!)

There are multiple resources available to help plan for contingency operations. The Navy Preventive Medicine Units, Naval Medical Research Units where appropriate, and the Military Epidemiological Center in Fort Detrick, Maryland, all can give you good information. Check with your XO prior to deployment and obtain as much information as you can get (without breaching security) regarding port calls, length of stay at sea and other variables which could impact on the crew's medical and psychological problems. Absolutely nothing is more frustrating to a physician than being at the end of a supply chain and unable to obtain the rudiments needed for the practice of medicine.

MAINTENANCE AND REPAIR (3M-PMS)

1. The Cycle Schedule: A schedule is used for longterm planning which is the responsibility of the department head. It deals with repair and replacement of pieces of equipment.

2. The Quarterly Schedule: Breaks the cycle schedule down for maintenance and repair work to be completed in each quarter of the fiscal year. It is usually the division officer's responsibility to ensure that this is done properly.

3. The Weekly Schedule: The final breakdown of the schedules into a weekly basis is the responsibility of the leading petty officer. The LCPO, who is the work center supervisor, usually makes up the schedule for PMS checks with the department head and division head and division officer's approval. Each week the schedule is submitted to the

division officer or department head for his signature, listing all preventive maintenance and checks that were done on equipment selected for that week. These weekly schedules should accomplish everything that was promulgated in the quarterly schedule and insure that all pieces of equipment have had their scheduled preventive maintenance. Equipment or areas onboard the ship with discrepancies that require repair will have internal work requests submitted via the department head for action to the work center supervisor. By properly using the preventive maintenance system, your department can maintain maximum operability. It is important for the medical officer to note the maintenance schedules on a weekly and monthly basis to check items that have planned maintenance. Before signing any 3M PMS schedules, be certain you know what was inspected and that the job was done properly. Usually the LPO will have done this for you and you will need to do nothing more than check off the areas that were inspected or repaired.

Soon after you arrive onboard ship, have the chief go over the system with you in vivid detail. You can get confused by the checkmarks, X's and numbers you will find on these sheets; they will have no meaning until you understand the correspondence to areas and pieces of equipment. Although initially confusing, this system is very worthwhile.

Each ship has a 3M coordinator in charge of collecting and collating all reports from every department. He is your reference point and any questions you may have should be referred to him.

FIRE STATION REPORTS

Next only to an explosion, fire is the most feared event on a ship. The ship spends hours each month practicing fire drills, fire fighting techniques, and personal safety during fires. Sailors are sent to fire fighting schools specifically to learn how to manage shipboard fires. With the amount of fuel and other combustible materials carried aboard most Navy ships, a fire out of control can quickly sink you.

Each division DCPD (Damage Control Petty Officer) is responsible both for maintaining the fire stations and related damage control equipment. A man will be assigned from your department and you need to be sure he stays on top

of things. Equipment that is broken or otherwise inoperative should be identified by the DCPD and steps taken for repair. If it is a major repair, an internal work request should be sent to engineering for action. Your department LPO or chief will better acquaint you with these areas, but only if you ask!

One of the more important duties of your DCPD is to inspect your fire station weekly. The hoses, clamps, sprayers and valves must all be in perfect working order and ready at a moment's notice. A report is filled out with grades of satisfactory or unsatisfactory and must be signed by you and turned into the damage control system assistant. Any problems noted should be immediately reported and corrected. The worst thing that can happen is a fire in a space without a working fire station! Make sure weekly fire station reports are out in time.

GENERAL CLEANLINESS

Every department is responsible for its assigned spaces. This duty is often neglected by the new medical officer. Decks, bulkheads, lights, medical equipment, etc., all need periodic maintenance and cleaning. You will be amazed how fast your spaces can accumulate grease, dirt and dust. Ships are not clean by nature. They must be made clean. The material condition of your equipment and spaces will deteriorate before your eyes if you don't maintain everything on a regular basis.

Cleanliness must be uppermost in your mind whenever you check your spaces. Is there dust and dirt in the angle iron, deck, bulkhead and on equipment? Is there trash strewn about and gear adrift? Are medicines and supplies properly stored?

Each man in charge of a particular area is responsible for keeping it clean and secure. Secure means that everything is clean, stored correctly and rigged securely for sea. For example: If the lab tech doesn't properly secure the microscopes and the ship takes a twenty degree roll, \$15,000 worth of equipment will be lost in a heartbeat! You can't afford that. You, the chief, or LPO should insure that spaces are locked and secured daily. Inspect them occasionally and point out discrepancies. Keep everyone on their toes.

Field days (days devoted to cleaning) should be held once a week. Every space, passageway, etc., should be cleaned thoroughly on these days. The overheads need special attention, because they are hard to clean and often ignored. Periodically, the deck will need stripping and waxing and the bulkheads washed down. The ward head (if you have one) should be the cleanest on the ship. As a matter of fact, medical spaces should be the example of cleanliness for the ship overall!

Another important aspect of maintenance is painting. Bulkheads, desks, cabinets all need painting periodically. Don't let everything go so that suddenly every painted area looks terrible. Get a program going of painting each month. This helps keep the spaces looking sharp and can prevent a lot of work later on. A well painted, clean space is a better environment to work in than a poorly maintained space. The crew's working environment is just as important as their living area.

BATTLE DRESSING STATIONS

Battle dressing stations will be located in different areas of the ship. At present, the ships designed to best handle shore and air evacuations are, in order of preference: LHA's, LPH's, LPD's, LSD's and LST's. These are all amphibious warfare ships and are designed for carrying large numbers of people. If assigned to one of these ships, you should especially be prepared for mass casualty drills and assignments. You also have the lucky assignment to a ship tasked to perform mass casualty treatment and triage without being well designed for it.

Each battle dressing station has a portable medical locker supplied with dressings, surgical instruments, sutures, IV fluid bags, catheters and tubing, splints and even portable sterilizers. You will find an operating table with overhead lights and extra stretchers. A portable water tank with emergency fresh water is usually overhead. (This tank must be checked, drained and refilled every three months.) A list of required material will be kept in the appendix of this chapter.

Often the biggest problem is getting patients to the treatment areas. BDS's are located sufficiently far from where casualties come aboard to make transportation a

nightmare. The main sick bay is the most acceptable, but may be unable to handle the entire load of casualties. Getting patients to battle dressing areas requires navigational skills, strength, and determination on the part of stretcher bearers.

MASS CASUALTY

Become familiar with ship design and mass casualty doctrine, to see where patients are routed and how best to treat them. The battle dressing stations are designed for intra-shipboard mass casualties, not really for treating external casualties (except perhaps in the case of the LHA's). A BDS can take care of most minor surgical problems but lacks x-ray and major surgical capacity.

When a mass casualty drill or situation is imminent, the word will be passed, "Ready to receive casualties, man all battle dressing stations". At this point each BDS will be manned in accordance with the Watch, Quarters and Station Bill. The corpsmen, an assortment of phone talkers and stretcher bearers will man the stations. The medical officer will be in the main battle dressing station area and the next senior medical department representative will man the main triage area.

If lucky, you will be provided with adequate phone talkers and extra personnel. If not, consult the ship's manning document for potential reinforcements. Rest assured the other department heads are not going to lend any of their personnel unless they must.

Dental officers may also be assigned. An independent duty corpsman or dental officer may man one of the battle dressing stations on the opposite side of the ship from the medical officer. This will result in the best trained persons on each side in the event damage to the ship prevents transportation of patients from one side to the other.

When casualties arrive, they are taken from the flight deck (or well deck if brought in by boat) to the triage area by the stretcher bearers. Men specifically trained in first aid and litter bearing must be assigned the task of moving the patients. If casualties are received on the flight deck, they are first taken to a central point out of harm's way (the mess decks on an LPD). If brought in by boat to the

well deck, that area will be utilized for triage. The triaging officer will send less severely injured and ambulatory patients to the battle dressing stations for treatment. More serious injuries should be transported to the main BDS for treatment by the physician.

Remember not to send corpsmen out on house calls. It is the ship's responsibility to get patients to your area where treatment can be given. Patients seen in the BDS will be treated and sent back to duty, or stabilized and held until they can be transferred to the main BDS.

The main BDS is the staging area for patients requiring higher levels of care or MEDEVAC. Unless overwhelmed, don't utilize BDS's as holding points for patients for extended periods. Once a flood of patients has arrived and are treated, get the remaining patients over to the main BDS, shut down the other stations, and get the manpower to your area. Centralize the patient flow as quickly as possible to consolidate manpower in one area.

The situation is very similar when internal casualties are suffered during general quarters and the ship is damaged. Patients will be routed to the nearest available BDS, as determined by the Damage Control System in Damage Control Central. This control system prevents injured from going to areas that are damaged, flooded or on fire. Damage Control Central is kept aware of all inaccessible areas and directs movement. Once casualties arrive at the local BDS they are triaged, treated, and, when possible, transferred to the main BDS.

Casualties may end up in a BDS run by an HM3. Phone communication between BDS's and the main BDS is vital. Advice can be offered and instructions given to help stabilize patients until you get to see them. (Note also the compelling need for corpsman training. More on that elsewhere.)

Once you have been aboard long enough to be at home, suggest to the Commanding Officer a series of mass casualty

drills. Remember, practice makes perfect. Drills should be run twice per year to make sure everyone knows his job. The entire ship is involved, some even observe exercises for a grade. These drills take prior planning and should be coordinated with medical, the Deck and Engineering departments.

Below are listed a few tips to keep in mind when running mass casualty drills:

1. Mouflage the casualties. This will make the exercise as life-like as possible. Train the casualties to act appropriately.

2. Be certain there are enough people to assist in the main BDS. Stretcher bearers trained in taking vital signs will help tremendously when patient load increases and you are running out of corpsmen. If a dental officer is aboard, have walking wounded triaged to his battle station.

3. As few as possible stretcher patients should be sent to the more inaccessible battle dressing stations. Walking wounded may be best served in these areas.

4. During general quarters drills, arrange occasionally to walk through your BDS's where the corpsmen are assigned and drill them on locating equipment and materials stored in the lockers. A good drill is to select ten items and give them one minute to find them. If the corpsmen are well-versed in their inventory, they will retrieve these items at the snap of a finger. If they are unable to do so, they need to run through their inventories repeatedly until they know where everything is stored.

5. The emergency water tanks located in the BDS's may be rigged differently from station to station. The corpsmen assigned to a particular station should be able to open the tank and obtain fresh water. Be sure they are familiar with the dial settings, which valves to open and which valves close the tank.

6. Very often BDS's are located in berthing areas and troop spaces. If you do not have monthly inspections of these areas, you will be missing items: the medical lockers are broken into and medications are pilfered. This can be uncontrollable on some ships. The only way to keep BDS's ready is to have them inspected frequently by the corpsmen assigned to that area. Make the area as secure as possible by locking all cabinets with padlocks and securing materials to bulkheads.

MESSAGE TRAFFIC

One of the medical officer's duties is to pick up message traffic each morning. The communications department has a pickup area for arriving messages. As medical officer, you will receive all message traffic pertaining to your department, as well as the health and welfare of the crew. You might not receive secret messages, but you must have access to confidential material.

The series of letters and numbers at the top of the message will make no sense. Read on until you reach the body of the message which will be in "Navy English". Almost everything is abbreviated. It will take some time to know COMNAVSURFLANT is a person and not a video game! Don't be too proud to ask someone to interpret.

Writing a message can be even more of a nightmare than reading one. Before attempting to send a message, get help from the chief or LPO. (Remind him that if the message goes out and, two weeks later, he owns a second mortgage on your house, he will be looking for a new job.) You will need to write the body of the message and have the chief or LPO draft it in the form for transmittal.

Two words regarding security procedures surrounding message traffic: BE CAREFUL! Messages that are classified secret or confidential are not for public consumption and must be handled correctly. Disposing of sensitive material via shredding or burning is performed Navy-wide. "Burn bags" are available for proper disposition of sensitive documents. Do not throw message traffic in the waste can or over the side. This will give the communications officer a heartburn that Maalox cannot cure. Messages kept on file should be in secure, locked file cabinets. You won't be getting anything that will endanger national security, so don't lose sleep over it; likewise, don't take message security lightly.

Here are some rules governing message traffic:

1. Messages begin with "IAW a". This translates, "in accordance with reference a". If you don't have reference "a", forget it. Read on.
2. To help you decipher message traffic, a sample message format follows. Numbers corresponding to the lines of the message are followed by an explanation.

Line #1--this line corresponds to the priority classification of the message. A message has a priority rating of "Routine", "Priority", "Immediate", etc. The rating determines how fast the message will be sent. If the message is routine, rest assured it won't arrive by the end of the workday. The radioman is not going to interrupt his coffee break to send out a routine message. "Priority" messages will probably arrive the same day. "Immediate" means stat, and medical officers rarely deal with these. Radio central is manned by a group of professionals who will do anything they can to help you. If you are not sure about classification, ask them for help.

Line #2--This is the date-time grouping. The first two numbers are the date; the next four correspond to Zulu time (Greenwich Mean Time) that the message was sent. The month and year are next. For example, 091330z May 84 is 9 May 1984 at 1330 Zulu time.

Line #3--FM means "from", i.e., the originator of the message.

Line #4--Recipient of the message.

Line #5--INFO: anyone who receives a copy of the message.

Line #6--Security classification of the message. Messages classified secret, confidential, or top secret are not for public consumption and should not be used for paper airplanes.

Line #7--Subject line; what the message is about.

Line #8--References that pertain.

Line #9--Body of the message

Line #10--BT means "break transmission" or the end of the message. For 2 page messages without "BT" you could miss half the information without being aware of it.

Line #11--A group of numbers used by radio personnel for transmission and processing purposes. You do not need to know any of this.

Line #12--"1 of 1" refers to the first page of a one page message.

This should give you a rough idea of how to decipher message traffic. The communications officer is always the expert in deciphering the gibberish transmitted over the airways if you need a consult.

RADIO COMMUNICATIONS

While we are on the subject of messages, a few words should be said about talking over the radio, ship-to-ship or ship-to-shore. When talking on a non-secured voice net (a radio network that is not scrambled for security purposes), never divulge the name of your ship, the name of the ship you are talking to, your destination, your heading, or where you came from. These are terrible breaches of security because anyone can listen in and monitor what you are saying. (Yes, someone probably IS listening right this very moment!) If you give out classified information, you can, theoretically, endanger your ship as well as its mission. This is truer during wartime, but line officers have a cardiac arrest if you do it anytime.

Always keep messages short and to the point. Speaking over the radio should be considered a business conversation and not a call home. State your business, conduct it, finish it and relinquish the net so other units can conduct their business. If you are talking over a secured voice net, security is less of a problem, however, the business rules are the same. Only stay on the net long enough to conduct your business. A secured voice net is no place to discuss golf with a friend on a neighboring ship.

Techniques for talking on the radio are easily learned and can be picked up when you make your first calls. Any ham radio operator will have no problem adjusting to the military system. For those who are not hams, just remember to say "over" everytime you break a transmission, so that the other person knows they can transmit. "Rodger, dodger, good buddy. 10-4, pedal to the metal" and other CB code words are out.

INSPECTIONS

A good portion of your time will be spent performing inspections (and being inspected). These are something none of us understand intuitively, so it won't be easy in the beginning. Performing a good inspection is a learned skill and one at which you will become more effective over time.

While in the surface Navy, you will be under the watchful inspecting eye of SURFLANT or SURFPAC Medical Officer, then the Fleet Medical Officer, then the Force Medical Officer, etc. The first in this chain is your type

commander, the FMO above him and SURFLANT/PAC is at the top of the pyramid, the base of which is you. Approximately every eighteen months, each ship will get an administrative inspection. It will seem at first that this inspection is intended to embarrass or pick on you. It is not. It is intended to make sure you and your department understand how to properly maintain yourself and the ship from a medical standpoint. Even though this inspection is meant to help, you certainly don't want to mar your image by failing miserably. The Captain will only see that you did not do very well. The next thing you know, someone else is running the show! Don't let this happen. Be ready for every inspection.

There is an administrative checkoff list that you should receive from SURFLANT/PAC prior to inspection. Follow this to the letter because your inspector will! This is akin to getting the answers to the Biochem final exam and being allowed to take them into class. If you can answer "Yes" to 90% or better of those questions by inspection time, you won't have any problems.

Following are some notes on several inspections you may have:

1. THE MEDICAL ADMINISTRATIVE INSPECTION: Checks on your departmental organization, preventive medicine and safety programs and even quality assurance programs. Medical records will be checked for immunizations, audiograms and proper sick call entries. The supply accounting system will be checked for proper filing of pertinent instructions, documents and reports. The ship itself will be inspected for sanitation, safety and habitability. The Force Medical Officer may tour the berthing areas, galley, laundry and barber shops, and even go into contaminated holding tank (CHT) pump rooms and storerooms. It is a complete check; all areas of responsibility will be touched. Almost all the information needed to get these areas "squared away" is included in this guide. (A good tip: make sure the BDS sterilizers are not rusty and the ice cream machine is always spotless. These are favorite hits!)

2. INSERVICE INSPECTIONS. Inserv inspections are a major shipwide inspection you may have to suffer through. The INSERV board will inspect the ship from top to bottom. The medical department will be surveyed just as hard as other

areas. Luckily, if you do everything for a Medical Admin Inspection, you will pass INSERT. Other detailed areas, such as assignments of litter bearers in mass casualty drills, may be covered, but everything else is the same.

3. THE OPERATIONAL PROPULSION EXAMINATION (OPE) is really more of an examination/test for engineering. It covers all aspects of engineering from supply to engineering casualty drills while underway. Medical involvement is minimal. PEB--the Propulsion Exam Board--will only look at your heat stress and hearing conservation programs. Don't be surprised if your instructions are different from what PEB says. Instructions (particularly heat stress and hearing conservation) are open-ended and interpreted differently by each department. You might want to get together with the other departments (usually engineering) and write a ship's instruction outlining responsibilities. This helps eradicate the us-versus-them attitude. Then, if an inspector says something is wrong, at least everyone is wrong together.

There are numerous other inspection teams that may come through periodically. Always do your best to prepare for them. Use common sense to find out who is coming and what they want.

As ship's medical officer, you are sanitation officer, safety officer, personal appearance patrol officer, and maintenance expert all rolled into one. (Remember that course in medical school on inspecting head facilities? Of course not!) You will be the inspector for a variety of areas and facilities. Outlined below is a general format for inspecting personnel and spaces. Many of these areas will be covered in detail later in this guide by appropriate category.

ZONE INSPECTIONS

The medical officer is not technically required to engage in non-medically oriented duties. (Don't try to take that rule to the bank!) However, you may be required to conduct periodic zone inspections as part of the officer inspection force. Some ships perform several partial inspections, others do the ship from top to bottom in one day. No matter how it is done, the inspection can be difficult if you don't know what you are looking for.

Zone inspections are designed to evaluate the material condition of a space. Discrepancies are reported so they can be corrected. A Zone Inspection Discrepancy List (ZIDL) is submitted to the department responsible for the space. People will be hitting your spaces; it is only fair that you do the same to them!

If you systematically approach an inspection, you won't miss anything. Perform these as you would a physical examination. Begin in the overhead and work your way down. Check for the following:

1. Dirty vent covers.
2. Broken or frayed wires.
3. Burned out lights and/or night lights.
4. Leaky valves or pipes.
5. Torn lagging (insulation).
6. Burned out battle lanterns (emergency lights).
7. Current fire extinguisher tags.
8. Electrical safety tags on electrical cords.
9. Malfunctioning equipment.
10. Dirty bulkheads and decks.
11. Material condition of the deck. Does the deck need to be repaired or replaced?
12. Areas that need paint.
13. Safety items: goggles, shields, eyewash stations; present and functional.
14. Proper labelling of the space and compartments.
15. Proper gear in space.
16. General cleanliness.

This partial list will get you through 90% of a zone inspection. The rest is common sense. Ask yourself: Can this space effectively and safely fulfill its function? If not, then why not? Then write down the answer.

PERSONNEL INSPECTIONS

It is a good idea to do a medical department personnel inspection at least once a week. Use this opportunity to check for general appearance, clean and proper uniforms, haircuts and shaves. While this may not sound important, personal appearance aboard ship is taken as a symbol of the operational effectiveness of a department. Medical officers have a reputation in the Navy for being less military than line officers and your personnel will probably push to see how lax you will allow them to be. It's important to set a

good example by being sharp in your own appearance and to show the personnel that you care about their appearance and reputation.

Personnel inspections are held in ranks. If you are the inspecting officer, approach the officer in charge and await his muster report. After the report is given, proceed to inspect the front rank from left to right. At the end of the first rank, turn and inspect behind them looking from the rear. At the end of that rank, turn and face the next rank and start over.

Personnel inspections should be in "open" ranks. If inspecting the troops uncovered for hair length, the order is: "First rank, uncover; two!" On "two", everyone uncovers. When that rank is finished, the order "First rank, cover; two!" is given and all replace their cover.

As you inspect, have a scribe follow to take notes of discrepancies. This helps to let an individual know where he needs help and rewards them for good appearance if they look satisfactory. Inspection should be a teaching tool, not a disciplinary one.

If you are the officer in charge who escorts the inspecting officer, make a muster report that sounds like, "Good morning sir. Medical Department reports eight men present with no unauthorized absences. Awaiting your inspection sir." Then fall in to the right of the inspecting officer and lead him through the ranks. At the end of the inspection, the inspector will offer his comments and suggestions with an overall evaluation of the troops. You salute and he departs.

This scenario will vary, but generally it is similar everywhere. You will be briefed on how your ship handles it when the time comes.

A good personnel inspection should begin with the head and work down to the feet:

1. The cap should be clean and worn properly, i.e., squarely on the head, not sliding off the back or cocked to one side of the head.
2. Hair should be regulation length all the way around.

3. The face and neck must be clean-shaven. If a beard is authorized, it must be neat and well trimmed. (As of this writing, beards are not authorized for E-3's and below.)

4. Look for general hygiene (clean ears, face, neck and hands; nails should be trim). Advise those with acne problems to seek medical treatment.

5. The shirt should be neatly pressed without lint or pieces of thread hanging on.

6. The nametag should be worn properly. Rating badge is worn on the left arm. If ribbons are worn, they must be in the proper order and at the proper height over the left breast pocket (one-quarter of an inch).

7. All buttons should be present and buttoned.

8. Belts should be clean with the buckle well shined and free of dirt.

9. Pants (especially whites and blues) should be neatly creased, clean and of the proper length.

10. If you inspect enlisted personnel in dungarees (the work uniform aboard ship), you can be less stringent about their appearance. But the dungarees should be clean, free of holes and in good condition.

11. Shoes, including the edges around the sole, should be clean and polished. Laces should be in good condition, not broken or tied in three pieces.

12. Poor appearance due to an overabundance of adipose tissue should be corrected with a weight control program. More about this later.

Medical officers often have a intrinsic distaste for inspections and enjoy being the inspector even less. But they serve a real purpose. Many young sailors are away from home for the first time. Without a mother around to nag them a little, how are they to know how to dress and behave? The discipline of meeting your approval is a positive, not demeaning, stroke for them. Failure to inspect them properly can diminish self-esteem and cause morale problems. Learn to do it right; it's worthwhile.

HEALTH AND SANITATION INSPECTIONS

Health and sanitation inspections are the responsibility of the medical department. There is a tried and true, simple and efficient means for measuring the quality of these inspections. If they make you unpopular and cause heartburn among the people you are inspecting, you are probably doing it right. If they smile when they see you

coming, you are not being critical enough.

You will need to develop considerable knowledge as you go along. To become a good inspector requires hard work and judgment. As medical inspector, you will be the Commanding Officer's advisor in an area where he has little or no knowledge. If the medical inspector does not correct the minor deficiencies, they will become major deficiencies and someone will get sick or hurt. Three guesses as to where the blame will fall--pick one: a) the CO will take the blame; b) he will consult his horoscope and blame the fates; c) the last, first and MI of your name is...

To avoid making inspections an exercise in futility, understand that not everything you want changed or repaired will be taken care of immediately. There may be jobs elsewhere with equal or higher priority to consume the crew's attention. If you want recommended changes implemented ever, document and re-document discrepancies. Make a case on paper for appropriate corrections. It may seem, on occasion, that inspections are no more than a futile paper chase, but if you hang in there with quiet determination you can cause substantial improvements in the ship's readiness.

Important areas for inspection include:

1. Food Service
2. Barber Shop
3. Berthing Areas
4. Heads
5. Laundry
6. Coffee Messes
7. The Ship's Store
8. CHT Room
9. Water Sanitation
10. Waste Collection and Disposal
11. Insect and Pest Control

The medical department is the "watchdog" of shipboard sanitation practices. Although not involved in the day-to-day running of sanitation programs, we are responsible to insure that all safe sanitary principles are followed. The lofty position of sanitation and preventive medicine specialist is attained with no training in basic shipboard sanitation practices. Although it may seem that common sense should prevail, you will be surprised at the specific rules

and regulations. Common sense will take you part of the way, but not far enough to be an expert.

Soon after reporting aboard, tour all areas that you are responsible for inspecting. Then return to this guide and THE REFERENCES listed to learn about the requirements for good sanitation. Too many medical officers leave this entire business to the chief or LPO. While they may be well-versed, you will be leaving yourself wide-open for criticism. Your head will be on the block if an area for which you are responsible fails inspection.

You must learn to effectively inspect and critique so that corrective action can be taken. If fortunate enough to have a trained preventive medicine technician, be eternally grateful and bow to the east giving profuse thanks. You can learn all you need to know from him. If you don't have a tech, the chief or LPO may have enough experience to help but bow to the east and pray for guidance, for your hands are going to be full. Teach your enlisted personnel what they are doing wrong and what they need to do to correct deficiencies.

Several sanitation topics will be discussed separately with a word on special problems. If you learn no more than what is in this guide you will have about 90% of the information needed to become a sanitation expert. References should be made to the publications mentioned for further details.

Food Service

This is the A-1 area of concern. Bad sanitation can cause food borne illness, poor morale and stop the ship as quickly as any torpedo. Food service is run by the supply department and has an officer responsible to the supply department head. Every ship is assigned a number of MS personnel (MS is Mess Specialist or cooks) who plan, prepare and serve the meals, as well as keep the galley and dining areas clean and sanitary. In addition, each ship provides "mess men" in numbers adequate to perform the heavy work of cleaning, breaking out food, storing food, and generally doing the manual labor. These "mess cranks", as they are called by their shipmates, E-1's through E-3's, usually new

to a command, are obligated to three months of mess duty. The E-4's are not assigned since they already should have been when they were E-1 to E-3.

The main mess decks are run by the mess deck master-at-arms who is responsible for the dining area and scullery. He trains and manages personnel assigned to maintain the enlisted dining facility. He is usually a first class petty officer and serves a three month tour.

What does the medical officer do? For starters, a bi-monthly written food service sanitation section inspection report must be submitted to the Commanding Officer. This inspection is recorded on a NAVMED 6240/1. It does not have to be done personally by the medical officer. The chief or LFO will do it on a regular basis, but occasionally accompany him to see that all areas are thoroughly inspected and discrepancies recorded. Be picky! This is the only way good sanitation will be maintained. If the area is unsatisfactory and constitutes a health hazard, recommend to the Captain that it be CLOSED UNTIL DISCREPANCIES ARE CORRECTED. Be tough!

Another good tip is to make walk through inspections of the galley and food preparation areas about once a week to insure: 1) cleanliness; 2) proper food preparation methods; 3) proper equipment types, use and upkeep; and 4) to question the personnel on their food handling practices. The best time to do this is after the evening meal when the spaces should be their cleanest. In port, do it during the work day. But the most important thing is to make your presence known. Eat with the crew periodically. You can find out a great deal and show them your concern in a very tangible way.

What should you look for on an inspection? To summarize:

1. All surfaces: the deck, counter tops, salad bar, etc. should be clean and free of grease and obvious food debris. Overheads should be dust free (climb up and look) and the bulkheads clean. The exhaust hoods, grills, steam kettles and ovens should be clean and without food debris. The same for refrigerators, inside and out (look into the cracks).

2. Be sure leftovers are properly handled. Discard any food items not properly COVERED, DATED, AND REFRIGERATED. Poor handling of leftovers is a common deficiency with potential disastrous results.

3. Watch that food service personnel are wearing gloves, hats and clean white uniforms when handling food, and that no smoking, eating or drinking occurs in the preparation areas.

4. Make sure the meat slicer is kept clean and that no sampling takes place while meat is being sliced. You will be amazed at the number of mess cooks that eat while they are preparing meals and are at risk to transfer bacterial contamination from their mouth to the food.

5. All garbage should be promptly removed from the food service and scullery spaces and trash cans should be kept clean.

6. Check refrigerator temperatures to be sure food is kept at the correct temperature and covered.

7. Hot leftovers (to be used within 12 hours) are to be kept at the correct temperature and covered.

8. WASHDOWN HOSES ARE NOT AUTHORIZED ANYWHERE ABOARD A SHIP. Hoses hooked to fresh water lines to wash down decks and spray off equipment are a source of contamination for the water supply and should never be allowed.

When inspecting, use a check list until you are well versed. Be systematic and you won't miss much. Start with the overheads and work down. Along with mess decks and galley, the bakery, CPO mess, wardroom mess and the pantry also need periodic inspections. The same rules apply everywhere.

How often should these inspections be performed? In the beginning, three times a week until you are proficient and the areas satisfy you. Thereafter, once a week should be sufficient with the written bimonthly reports. The C/LPO should help with these. Eventually you won't have to be constantly inspecting.

Note: You do not have to announce an inspection. Surprise inspections are more productive than announced ones. Take corpsmen along on all inspections and instruct them on proper sanitation practices. All corpsmen should learn to inspect food service areas. This will not only help them in their careers, but will help by relieving you of some of the responsibility.

Be cognizant of food delivery to the ship. All milk products are required to have a medical representative inspect them before they are accepted. Milk must be at 45 degrees (Fahrenheit) or lower and fresh. Other food from independent vendors must have a stamped invoice to prove it has been inspected before delivery.

Inspectors are usually located at each large naval facility to inspect vendors as they bring food items to the base. However, vendors do not always make this stop. They bypass the inspector in an effort to make deliveries quickly or, sometimes, to pawn off bad items. To help prevent this, mess specialist personnel accept food deliveries to the ship. They are required to inspect for freshness and quality. If there is any question, they are to consult the medical department. Quarterdeck watch should NEVER be allowed to accept food items. Make sure everyone goes by the book on this one!

The medical department is required to perform a daily inspection of all mess personnel. A qualified corpsman can be assigned this job, but you should do it personally until satisfied, and then do it occasionally to keep everyone honest. Clean hands, trim nails, cleanly shaven faces and clean uniforms are a must. It will be your job to see that the supply department has adequate manpower to meet hygiene standards.

Areas often neglected in food service are reefer decks and dry storerooms. Bimonthly inspections should be made in these areas, on occasion, by the medical officer. Reefer decks need to be checked for overicing, cleanliness, proper temperatures and overstocking. Dry storerooms should be checked for pests (bugs), outdated stock, bad cans, cleanliness, leaky pipes and spoiled food debris. Look especially under the grating that holds the food pallets. Food gets spilled in between these grates and may be there

for months or years. Roaches and pests can have a field day.

When you are in a food storage area, especially dry storerooms, make sure you look overhead; many times CHT (sewage) pipes run through these spaces. Drip pans should be located beneath every valve and takeout plug along the CHT lines. Any black water leakage you notice should be noted immediately and the engineering department notified ASAP. Food exposed to waste drippage is to be surveyed and discarded if ANY question of contamination exists. Cans and goods that are tightly boxed usually will escape contamination. All other food items should be destroyed.

Get into these areas frequently. Utilize your senior enlisted personnel as much as possible, but don't punt. One food borne illness outbreak is one too many! For information not outlined here consult NAVMEDPUB P-5010.

Head Sanitation (or How To Make The Toilet Bowl Shine)

A vitally important area that should be looked at daily. Most ships have daily messing and berthing inspections done by the officers and chiefs to insure proper cleaning. As the medical officer, daily inspection would be an impossible task. Daily inspections performed by rotating officers and chiefs works much better than having one man do it once or twice a week, even daily for that matter. If your ship doesn't already do it that way, suggest it to your CO.

When you report aboard, have an officer or chief take you on a sanitation inspection of the berthing areas and heads. Basically, what you want is CLEAN! Problem areas to be particularly careful of include:

1. Check overheads.
2. Angle irons along the bulkheads. Just about anything can be found including cigarette butts, rubbers, tools, paper and other trash.
3. Under the urinals and commode rims. If these areas are not cleaned, a lingering odor will always be present in the head. This results in the use of deodorant blocks to try to hide the smell. You don't want to hide the smell. You want to remove the source of it.

Deodorant blocks are a "no no".

4. Check shower stalls for mold and mildew on the curtains and mats. Mold will accumulate within 48 hours or less if these are not cleaned frequently.

5. Make sure the splash shields around the urinals are kept clean, especially in the corners. Drunken sailors coming home from liberty are not good shots.

6. Commodes and urinals should all function and not leak. If malfunctioning units are discovered, inform the DCPO. Engineering should repair it within 48 hours.

7. Don't allow the use of scrubbing cleansers. These plug up the plumbing (like pouring sand into the drains).

8. Check for washdown hoses! They are absolutely taboo everywhere. With the number of lines, vacuums and suction devices onboard, you occasionally will get back pressure in the lines that can suck up dirty water into fresh water tanks. If you see washdown hoses, remove them.

Last, but probably most important, make sure there are enough rolls of toilet paper and paper towels. Often overlooked, a shortage will definitely make the crew very unhappy.

Barber Shop

Most ships will have a barber shop (in many cases there will be two, one for the officers and one for the enlisted men). These are often neglected on sanitation inspections. The ship's barber will probably be a Storekeeper (SK). He is responsible for cleaning and properly caring for his instruments, as well as general upkeep of the space. (Besides, of course, giving you a good haircut.)

When inspecting this area, ask the barber questions to see if he is aware of proper procedures and directives. This alone can indicate whether or not the area is being kept up to standards.

1. What does a barber do if a man has a scalp lesion or infection?

2. What about blackheads and ingrown hairs? Does a barber treat them or refer them to the medical department?
3. What types and strengths of solutions should be used in the disinfecting cabinet?
4. When was the barber's last physical?
5. How long does he keep his disinfectant solutions?

These may sound simple, but you will be amazed at the answers you get! In looking at the spaces, check:

1. Proper cleanliness and sanitation of the clippers, combs and instruments.
2. No smoking and no eating or drinking signs are displayed.
3. Individual paper neck bands or strips are available and used for each patron.
4. The deck should be swept at the end of each day and washed down with hot, soapy water.
5. The disinfecting cabinet should contain a 10% disinfectant solution that will provide approximately 4% disinfectant concentration in the air. This will effectively sanitize and disinfect all the instruments within 30-60 minute contact time.

Last, but not least, make sure there are some up-to-date magazines in the magazine rack. There is nothing worse than reading about Reggie Jackson's famous game winning home run, "the big one that got away", or how to set an informal table for six for the 61st time during a six-month Mediterranean deployment.

Berthing Spaces

Inspections of living compartments must be performed routinely. Living areas can become pig stys overnight. Transmission of disease and the spread of cockroaches is greatly increased by unsanitary conditions. Engineering and deck hands especially need to be checked because of their dirty work environments and long hours.

The assigned cleaner for each compartment should begin working right after quarters and be finished by approximately 1000 each morning (a good time for an inspection crew). Discrepancies (dirty decks, unshined lockers, dirty linen, etc.) should be corrected that same day. The compartment cleaner has plenty of time to get these things done; it is his only job. Cleaners are assigned for a specified time and spend that entire period caring for the living spaces. Things to check for include:

1. Gear under the mattress--a fire hazard. No gear of any type should be placed under a mattress.
2. Check the scuttlebutts to be sure they are sparkling clean. Sailors like to use them for cigarette disposal, creating a haven for scum buildup and bacterial condensation, besides looking gross.
3. Again, check the angle irons for cigarette butts, trash, magazines, pornography, etc. Keep the pornography.
4. Check the linen. Sailors tend to think that their sheets will miraculously clean themselves. Make them strip their sheets weekly and turn the bedding into the laundry or many won't do it. A little motherly nagging will go a long way.
5. Another favorite is to leave dirty laundry adrift in the compartment. Everything from dungarees draped over the bed to jock straps hanging from the overhead can be seen. If you happen to be on a ship where women are assigned, you will see berthing spaces with hose, bras and panties hanging all over the place. Another favorite in female compartments is to leave curling irons plugged in.
6. Check for evidence of food being stored. NO food items of any kind are allowed in berthing compartments. Food attracts roaches. The best clue is to check trash cans for concealed Domino's Pizza lids!
7. Check all the mattresses to be sure they are not stale, smelly or in poor condition. All bedding should be aired at least twice a year.

The compartment cleaning bill should be posted in each space so everyone knows the rules. Details will be found in sanitary regulations and in this guide. If problem areas are apparent, inspect them more often until corrected. A case of

crabs or lice running rampant can play havoc with sickcall.

Ship's Laundry

Annual physical exams are required on all laundry personnel. Look closely at laundry and hygiene practices:

1. Proper use of gloves for sorting dirty laundry.
2. Separate areas for dirty and clean laundry. They should not be adjacent.
3. Proper hand washing procedures. Hands should be washed before entering and before leaving the space.
4. No eating or drinking and no smoking signs posted.
5. All washing machines have both salt and fresh water connections. The salt water connections should be closed and padlocked when within 25 miles of shore or in otherwise contaminated waters. Fresh water inlets should be rigged so cross-contamination cannot occur if suction is placed on the line.

The laundry should be generally kept in a neat and sanitary manner. All lint filters in dryers should be cleaned, presses should be in good working order, and dirt and dust should be kept to a minimum. A monthly visit is all that should be required unless there are problems. After inspection, if you can identify why all whites return as "greys", you'll be in line for the Legion of Merit medal!

Coffee Mess

The formal, permanent coffee mess areas are in the ward room, mess deck, CPO mess and first class lounge. These areas are to be kept just as clean as any other food service area. Of particular note is the use of common cups, spoons, and unrefrigerated dairy creamers. All of these are PROHIBITED. The coffee mess has been notorious as a source of hepatitis. Paper cups or personal cups, disposable wooden stirrers and non-dairy creamers are authorized. The area should be cleaned of all spills, especially sugar. Coffee creamer and sugar should be in clean, closable containers to

avoid roaches.

Coffee messes are authorized in many work spaces. Occasionally inspect these messes as well. This will not make you very popular with the crew, but you will be less popular with the Captain if hepatitis is spread via a dirty coffee mess!

Ship's Store and Fountain

Beyond general principles, there isn't much to discuss except for the ice cream machine. SURFLANT/PAC inspectors love to make a big point of it. The machine is to be completely broken down and all parts disassembled after each use. That procedure is a real nuisance and the crew will skate over it whenever possible. Directions for cleaning the machine should be posted on its side. Cardboard in the fountain area should be kept to a minimum (roaches LOVE to eat cardboard) and all consumable goods should be stored off the deck on clean racks. Consumable goods sold should be individually wrapped or packaged. Decks, bulkheads and overheads should be kept as clean as the mess decks. Inspection twice a month should suffice.

Pests

Rats often gain access to ships when pierside. They climb into cargo nets or crawl up gangplanks and connecting lines and pipes to get aboard. You may not actually see them, but there will be evidence when they are aboard. Clues will be droppings, web marks, gnawed open food packages, empty nests and foul rodent odors. Periodic inspections of storerooms and crawl spaces are important because they breed and multiply quickly.

The two most common species of rats are the Norway rat (brown, stout body, blunt nose, tail shorter than the body and a ski cap with goggles) and the roof rat (slender, black/grey body, pointed nose, tail that is longer than his body and a chimney sweep attached to his belt). Both are disease vectors and must be eliminated.

The best offense is a good defense when dealing with these pests. Unlike roaches, you can keep rats completely

off your ship. Use of rat guards on the lines, cleanliness, especially with respect to garbage and refuse removal from landing ramps and gangways, and deckside inspection of incoming subsistence items will help prevent rat infestation. Separation of at least six feet from piers will also help tremendously.

If rats are discovered, elimination with traps is recommended over rodenticides. A sick rat will find some impossible to reach place to die and will create a stench that can be unbearable as well as unsanitary. Where possible, contact the nearest EPMU and request assistance in ridding your ship of rodents. Rodent control measures are about the same as for roach control. The following three steps apply for roaches as well as for rodents:

1. Prevention of entry.
2. Elimination of food and shelter areas by proper handling of food stores and prompt disposal of refuse and garbage.
3. Elimination of established infestations by using traps and poisons.

Food and quarantine regulations require that upon berthing at a pier and during the time a vessel is in a suspected plague-infested or endemic area, all connecting lines shall be properly fitted with rat guards. Gangways and other means of access to the vessels are to be separated from the shore by at least 6 feet, unless guarded, to prevent rodent movement. At night, areas around the pier and the ship itself should be well lighted. Any cargo nets or devices connecting the ship and the shore should be removed.

After leaving a plague-infested port, rat guards should be used while en route to the United States. Rat guards are not required, but are recommended until cargo has been issued a quarantine clearance. Rat guards, of course, may be required by the command whenever the situation warrants.

A ship "de-ratization" certificate of exemption is kept on file. This de-ratization certificate should be kept up to date whether or not your ship has left port since the last inspection. Detailed information can be found in BUMED instruction 6250.7 series and BUMED instruction 6250.12

series. Additional information can be found in the MANUAL OF THE MEDICAL DEPARTMENT, articles 22-37.

CHT Pump Room and Sewage Spills

CHT pump rooms are largely ignored by the medical department. This is, however, an important part of SURFLANT/RAC administrative inspections and you will be hit hard here if you are not careful. In general, pump rooms must be clean and neat. No smoking and no eating or drinking signs must be displayed. Hand washing is required after working in the area, so a hand washing station must be available nearby. A gear locker is necessary outside each pump room space to hold boots, coveralls, headgear and other protective wash down apparatus. A complete outline of how to clean sewage spills is included in this guide for your reference. A spill can result in a small problem becoming a very large one in short order.

MEDICAL RESPONSIBILITIES

TRAINING

Yourself

There is no other year in a medical career which will depend so heavily on personal initiative for success. Not much real self-motivation was required to get through the internship, since there was always someone looking over your shoulder to provide endless inspiration. All that changes drastically when aboard ship. You are very much on your own. Not only do you have to provide self-motivation, but you will be required to make many decisions previously made for you.

It is easy to become lazy and fall into the trap of not continuing medical education. A day off becomes a week, a week a month, and a month a year. Before you know it the entire year of operational medicine has been an educational Black Hole and waste of time (exactly what you feared in the beginning). If that occurs it is a self-fulfilling prophecy. There is no one to blame but yourself. While you certainly have to show extra incentive, opportunities for on-going education are present, and, in fact, there is more latitude to pursue your own interests that you have enjoyed in the past.

Make a study plan before you board ship. If you are going to return to a residency in Internal Medicine, you might want to obtain the Internal Medicine Board Study Guide and NKSAP Examination. If you are going into a sub-specialty, this may be your last chance to study broadly in medicine and surgery. Many have a curiosity that goes well beyond the specialties of medicine, but have not time to pursue other interests. Several colleges, including Universities of California, Chicago, and Maryland offer a variety of correspondence courses at the college and graduate level.

Your ship may be homeported in an area where courses are offered. You can use these opportunities to indulge yourself; take up some non-academic pursuits in which you always have had an interest. When will you have another chance to learn how to scuba dive, parasail, wind surf or play polo?

If you view the Navy as a career, there will be a time when you will become involved in administration. Before you scream "heresy", take a moment's reflection: if physicians are not willing to administrate themselves, someone else will, and be happy to do so. Many command and senior staff billets are now coded 2xxx, which means that any medical department officer may fill them. There is nothing wrong with Medical Service Corps, Dental Corps and Nurse Corps officers being commanders of hospitals and health care facilities, but they are not physicians. If we physicians wish to be competitive for command, we must train ourselves to plan and administer health care, as well as provide it on an individual basis. Numerous graduate programs are available, one through the University of Southern California (Master of Science in Systems Management), which could prove invaluable later in a career.

You will also be involved, whether you choose to or not, with a variety of shipboard training programs. General military training programs are in constant evolution and you can provide extremely valuable input. You will probably be assigned the job of command physical fitness and weight control officer. Some commands even have a fitness coordinating officer to develop programs to allow and assist individuals with specific problems. There are other programs of tremendous potential value. An example is training in CPR which is always well-received and is a morale factor among the crew.

Corpsmen

A word on your corpsmen is appropriate here. Most corpsmen coming aboard have gone through corps school in twelve weeks. Some have had extra training such as laboratory or x-ray technician school in less time than that. They will usually be young, inexperienced and plagued with self-doubt. Arriving on board, many young corpsmen have starry ideas of being Dr. Kildare in a uniform. They are jolted into reality when they discover that 75% of their time is spent cleaning, taking inventory, performing inspections and performing administrative jobs. The more you can do to keep their enthusiasm high, the better.

As resident high guru, set aside time for inservice training. Along with the constant damage control and administrative training, they must receive additional medical

training. You will be surprised how receptive and attentive they are for the time you spend helping them be better "docs". It will also benefit you in the long run as your corpsmen become better trained and render better care, they will need to refer less to you and their referrals will become more appropriate. A basic lecture series on diagnosis, history taking, prescribing and patient care, given at their level, can help immeasurably.

Shipboard Programs

Physical Fitness and Weight Control

Recently the Navy has rekindled interest in physical readiness and weight control. Of the services, the Navy has historically had the least emphasis on physical fitness. The Navy Department has acted to remedy this situation and has instituted a readiness program. As medical officer, you have a definite role. As part of your collateral duties, you may be appointed ship Fitness Coordinator, a combination of Richard Simmons and Jack LaLane.

The Command Fitness Coordinator (CFC) is responsible for performing annual physical fitness testing and seeing that the results are placed in the service records. He is also responsible for conducting a remedial physical fitness program for those deemed unfit. If you are athletically inclined, this is a great collateral duty; if not, it can be a bad dream.

The CFC is more work than it appears on the surface, so be prepared. Inviting divisional representatives from all over the ship is probably the best way to run the program. This gets the entire command involved (as it should be) and takes some of the burden of implementation off the CFC. THESE HEALTH PROGRAMS WILL NOT WORK WITHOUT ACTIVE COMMAND SUPPORT. Don't let the command dump the title on you and then look the other way while you flounder away with it. In the medical officer role you will prescribe exercise programs for those who are overweight, design workouts, and check up on those people with specific limitations, as part of your medical duties.

Beware! There will be epidemics of musculoskeletal disorders the day before the Physical Fitness testing. Coincidentally, these seem to occur in those crew members who

need exercise most. They come to medical because a medical officer must excuse them. A Nobel prize awaits the discoverer of the nefarious virus that causes this problem. (Why it doesn't strike just before liberty call or a shipboard picnic and baseball game is an enigma.) If you are certain, after an exam, that there is no significant pathology, rehab or motivate these people as appropriate. Helping a slug be a slug does him no favor.

You are the diet-control officer. You should counsel all obese individuals on weight reduction methods that they can safely accomplish. A weight loss of two to three pounds per week is a proven safe guideline. If properly motivated, most individuals can lose weight at this rate on a 1500 calorie diet. The actual diet prescription will be up to you, of course. Avoid fad diets, or recommending those that will cost crew members a lot of money. The idea is for them to lose weight by losing fat, not by losing the lump in their wallets.

Progress should be measured by weekly weigh-ins and a monthly report filed with the CO. Some commands may simply use the body fat percentage measurement method of charting progress as outlined in OPNAVINST 6110. series. Weight monitoring, in addition to following the percentage body fat on a monthly basis, is recommended because it can be done easily and provides two measurements of progress. Getting rid of excess adipose tissue is serious business. People are being tossed out of the Navy for lack of compliance. You may need to aggressively help some people, but don't drop the ball or let them slide by. Their next duty station might not tolerate being overweight, even if yours does.

Safety, Sanitation, Occupational Health, Preventive Medicine

In addition to being "czar of trash", you are also the ship's resident "lord of safety". With that title (something akin to Smokey the Bear) comes the responsibility of making sure that the crew lives and works in a secure environment and follows good safety guidelines. A number of specific programs directly related to the occupational health field are: asbestos control, heat stress, and hearing conservation. Some of these have already been mentioned, but more details follow in the upcoming pages.

Safety entails everything from making sure every deck has a non-skid surface to the proper handling of dangerous chemicals. Ships are floating industrial complexes. There are safety hazards at every bulkhead. We will not outline every hazard, but there are a few topics on which you need to become well versed. Included also are some tips on particular instructions covering the gamut from wearing hard hats to the hazards of beryllium dust. References are included to aid you in finding more detailed information.

Safety is a shipwide responsibility. Although the Captain has the ultimate responsibility, a safety committee (composed of enlisted personnel) and a safety council (composed of officers) are appointed to identify safety hazards and correct them. As medical officer, you will serve on the council. The safety officer, who acts as head of the council, is usually an O-3 department head. Work closely with him for maximum impact on safety practices.

Direct responsibilities, once again, are those of monitor and inspector. Before you begin, you will need to know what to monitor and inspect. The information in this guide will start you off well enough so that you will be able to make a good, thorough inspection of most industrial areas and be able to find flaws. Some programs, such as heat stress and asbestos surveillance, are primarily medical in nature. Others, such as mercury control and poisoning, are less familiar (although not less dangerous) and can be looked up. SURFLANT/PAC instructions are your best overview regarding toxic materials and their medical significance.

With a little knowledge and a lot of common sense, you can become an expert safety inspector. You SHOULD inspect industrial areas twice a month, but you will be lucky if you have time to do them once a month. While monthly is probably adequate to keep you on top of things, remember that letting things go for six months can get you irretrievably behind the power curve!

Garbage and Refuse

A ship is a floating community capable of complete, independent subsistence. Power, water, food and almost all services are offered onboard. From these services flow an inevitable, incomprehensible, overwhelming amount of trash and garbage. Allowed to accumulate over 24 hours, the trash

and refuse can bury everyone onboard.

Most ships have effective garbage and refuse handling facilities. Garbage grinders deal with organic matter and trash compactors help reduce the bulk to better utilize the designated trash and garbage storage areas while underway. While pierside, this is no problem unless the trash truckers are on strike. Underway, it is a different matter entirely. Rules and regulations governing disposal of refuse, designed to protect the environment, must be followed scrupulously to avoid big-time trouble.

Solid waste, trash, and refuse are not to be discharged within 50 miles of any shoreline or within the navigable waters of the United States. All ships equipped with incinerators and trash compactors are tasked to use that equipment as much as possible. All trash and refuse released at sea is to be packaged with negative buoyancy (that means sink). Ships equipped with incinerators must conform to local air pollution regulations. If the use of incinerators is prohibited, trash must be transferred for disposal ashore. Ground garbage can be discharged into the CHT system for transfer to shore facilities or for overboard discharge, if the ship is outside the prohibited zone.

Between dumpings, garbage and trash are normally kept on the fantail (or any other place that strikes the fancy of the XO). The deck area around the garbage containers is to be kept clean at all times. (You will find that this is more fiction than fact.) All garbage cans are to be scrubbed with hot soap and water and steamed after using. They must have lids that are attached to the containers at all times. Attaching the lids prevents boatswains mates from using the trash can lids as frisbees.

Other than these general rules, there are very few other specifics. If in doubt, consult your area Navy Environmental Preventive Medicine Unit (EPMU) for regulations covering garbage and refuse for the area you are to be travelling.

Preventive Medicine Programs (or How to Be Tickled by the Tickler File)

There is a plethora of personnel preventive medicine programs medical is required to manage:

1. Immunizations
2. PPD and Tuberculosis
3. Hearing Conservation (Audiograms)
4. Asbestos Control
5. Annual/Triannual and reenlistment Physical Exams
6. Laundry/Mess Specialist/Barber Physical Exams (Annual)

A tickler system should be implemented that runs on a twelve-month cycle. Personnel health records are to be reviewed as individuals report for duty, and a card indicating needed maintenance prepared for each. Required reports should have a card for each report grouped by the month of the year the action is required. At the beginning of each month, the corpsman pulls the cards, reviews them, and knows who needs lab studies, x-rays, and physical exams done that month. It is a great system if properly maintained. If you have access to a computer, all the better! Just make certain you keep a duplicate disk somewhere. Shipboard electrical systems can be quirky and you don't want to lose the only program.

A good way to streamline this procedure, if you have enough personnel, is to assign a corpsman to each program. Stress, hearing conservation, asbestosis and tuberculosis control programs take a good deal of time to monitor and involve the preparation of voluminous reports. A brief explanation of each program follows.

Immunizations

The medical department's responsibility is to be sure all crew members' records are kept up to date. You will not be popular for your efficiency. The tickler file should indicate which shots are due in any given month. Yellow fever is due every 10 years, tetanus every 10 years, cholera every 6 months, typhoid every 5 years, PPD's are required annually and smallpox every 5 years. The Navy's current program of influenza vaccinations requires annual flu shots.

A word about malaria prophylaxis: unless you are going to be entering an endemic area, malaria prophylaxis will not be necessary. Your local EPMU will be able to give you information on the risks at any geographical location. If you are going to be giving malaria prophylaxis, COMNAVSURFLANT/PAC INST. 6000.1 series outlines the basic

procedures. Before starting malaria prophylaxis, all health records should be screened for G6PD deficiency testing (particularly critical on the black population because of the high incidence of G6PD deficiency).

PPD and Tuberculosis Control Programs

Yearly, PPD's are required for all personnel. A person with a positive PPD must undergo a medical officer's evaluation and physical exam, a chest x-ray, and if a new converter, be put on INH for one year. From that point on, only a yearly chest x-ray is required. A tickler file for annual PPD's and annual chest x-rays should be made and filed. Anyone with a positive PPD and physical signs or symptoms of active disease should be referred to a pulmonary specialist when available.

A tuberculosis contact investigation report (MED 6224.9; reference BUMEDINSTR 6224.1) should be sent on all patients who have a newly-diagnosed PPD conversion. Your LPO or LCPO should fill out this form and do the administrative paperwork.

Hearing Conservation

Hearing conservation is an area of confusing and contradictory information. What follows is an attempt to simplify some of the gibberish in the instruction.

The PURPOSE of the hearing conservation program is to identify individuals exposed to noise hazardous environments and monitor their hearing to prevent progressive hearing loss. As part of this program, the medical department is responsible for issuing hearing protection in the form of ear plugs or ear muffs to all personnel exposed to hazardous noise. All ear plugs are to be fitted and issued by the medical department, not given to each department to fit their own. Ear muffs can also be made available, but must be purchased by the individual department--medical does not provide this high cost item.

Continuous high level noise results in permanent high frequency nerve deafness. Personnel such as engineers, machinists mates, and deck personnel who are grinders, scrapers, chippers and flight deck crewmen at risk are exposed.

A noise level survey should be available from all potentially hazardous areas to identify areas (and tools) producing decibel readings above acceptable levels. All such spaces should be posted as "NOISE HAZARDOUS AREAS" with the recommended type of protection needed in that space (single or double). These tags and posters should appear EVERYWHERE that a hazard exists. It is the medical department's responsibility to insure that these are properly posted. Even though your department may not be responsible for obtaining the signs, you, as medical officer, will be responsible if they are not there. Thus, once again you become a "policeman" (guardian angel of ear plugs and ear muffs). If you are not a good policeman, rest assured you will be burned. Enough inspections occur in a one-year period to guarantee that you will be hit at least once!

Don't depend on the engineering or deck department to do the job. They view this as a "medical problem" and will try to ignore it. You will find the same attitudes prevail when you try to arrange and perform annual audiograms for "at risk" personnel.

Now the best part--audiograms. Upon entrance to the Navy, everyone is required to get a baseline audiogram. However, that baseline audiogram is not allowed as a "baseline audiogram". A separate audiogram must be obtained, recorded on DD Form 2215, and designated, in writing, "baseline". Clear? Good. Read on. Upon assignment to a noise hazardous environment, a third audiogram is required. The results of this audiogram are recorded on DD Form 2215 and labelled "reference". Why they can't be combined is a mystery. Once a reference is obtained and the serviceman assigned to a noise hazardous area, the next follow-up audiogram must be performed within 90 days.

Yearly monitoring audiograms are then required for personnel working in hazardous environments. Projecting the dates for these and filing a tickler card helps identify them; physically getting people to have the studies is as easy as swimming up a waterfall.

Engineers are the worst offenders. They work long hours and when off-watch, tend to crawl away to hibernate. They get dizzy from the altitude if they go above the first deck. Getting them out into daylight is virtually impossible; they

are afraid of being blinded by the sun.

When you finally drag them in and accomplish the annual audiogram, the results are compared to the reference audiogram. Any decibel threshold shift over 15 decibels is a significant hearing loss. When such a deficit is discovered, the subject is kept out of the noise hazardous area for 15 hours and a repeat audiogram performed. If there is still a 15 decibel shift, a 40 hours test is done. Many times, the loss will correct itself and everyone is happy. If not, a referral to ENT is needed and double hearing protection utilized until the referral is completed.

Most decreases in threshold are due to personnel non-compliance with ear muffs and ear plugs. If they are not used, they don't help. Senior enlisted personnel and officers are the biggest offenders. You really need to watch the chiefs; they think they are invulnerable.

Anyone showing progressive high frequency hearing loss, despite compliance with hearing protection guidelines, may need to be permanently removed from noise hazardous areas. This is not your decision alone, but must be made with the concurrence of an audiologist or ENT man. A stable, high frequency loss in one or both ears does not necessarily preclude working in hazardous environments, as long as double hearing protection is worn and annual audiograms show no changes.

Audiograms must be recorded on the correct form. It is important not to confuse the DD Form 2215 with the DD Form 2216. The forms appear similar, with differences meaningless to you. But it will make a great deal of difference to your hearing conservation program inspector.

A few important points about hearing control:

1. Eighty-five decibels is the limit above which hearing protection must be used to prevent hearing loss. Ear plugs attenuate approximately 20 decibels and ear muffs 30 decibels, if fitted and worn properly. In a noise hazardous area with readings over 105 decibels, ear muffs should therefore be worn. If over 115 decibels, both ear plugs and ear muffs must be worn. A level of 140 decibels "impact noise" is the highest allowable.

2. Remember that not all hearing loss is secondary to nerve damage. Examine patients who present with significant threshold shifts in their audiogram for other treatable causes of hearing loss, i.e., inner ear infections, packed cerumen, etc.

3. Tools that produce hazardous noise must be labelled as such. Personnel checking out these tools are required to produce their fitted ear plugs as proof that they have hearing protection.

4. Foam ear plugs should not be used by personnel on a continuous basis. They quickly become soiled and can produce otitis externa. They are intended to be throw-away inserts and should only be used on a temporary basis.

5. All sonar technicians must also receive an annual audiogram. This exam must conform to international standards. Hearing loss in either ear in excess of the following can be disqualifying: loss greater than 35 decibels in the 500 frequency range, or 30 in either the 1,000 or 2,000 range. If a service member is deemed unqualified for sonar tech duty, he is referred to the appropriate medical facility for ENT evaluation. Further information can be found in OPNAVINST 6260.2.

Asbestos Program

The asbestos surveillance system can be extremely confusing. In all honesty, it is not well outlined. An attempt to outline the major points follows.

Asbestos surveillance questionnaires are supposed to be filled out by all personnel, but if the information is incorrect, there is no way to monitor those at risk. Personnel with known past exposure to asbestos, or those who work on asbestos rip-out teams, are required to have annual chest x-rays and physical exams. Not everyone qualifies for yearly checkups, depending on the date of their last exposure.

A good rule of thumb is to get annual chest x-rays on all known previous exposures. Thereafter, physical exams every three years are sufficient for non-smokers. Smokers

are required to have a yearly physical examination.

If you follow these instructions to the letter, the entire engineering department ends up requiring an annual physical examination--this is an impossible task. Measuring the asbestos particle concentration in the air is the yardstick that measures exposure risks. During normal ship operations, these measurements are not taken, so they can't be used as guidelines. Good luck on this one! References include OPNAVINST 6260.10

Rules and regulations governing asbestos control, translated into English:

1. Rip-out teams are to be designated in writing and these persons identified by a sheet in their health record. They should have attended school to train in asbestos rip-out procedures.
2. When asbestos rip-outs are performed, they should be done wet to keep airborne particles to a minimum.
3. Local exhaust and dust collecting methods are to be employed in the space where asbestos is being removed. Use of portable hoods and vacuums to keep the dust and particulate matter to a minimum may be needed.
4. When lagging or insulation is replaced in shipyards, replacement should be with asbestos-free materials. (check with the engineering department to see what they are using for insulation.)
5. Asbestos waste, including clothing, must be removed and placed in a sealable, closable plastic container.
6. NAVAL SHIP TECHNICAL MANUAL (NSTM) chapter 635 outlines the gear personnel are to wear during rip-out. These include overalls, oxygen breathing apparatus, head covers, gloves, face masks and foot coverings. These are uncomfortable but make certain they are used.

From a medical viewpoint, you will need to obtain a surveillance questionnaire on every person onboard to identify those who have had prior or current exposure to asbestos. For those workers to be assigned to asbestos hazardous duty, a pre-placement evaluation is necessary. This must be done within thirty days and include:

1. History
2. Physical Examination
3. AP chest x-ray, 14 x 17", interpreted in accordance

with International Classification of Radiographs ICO.UC.

4. Pulmonary function tests (FEV-1 AND FVC on all people before they are allowed to work in an asbestos hazardous environment).

5. Sputum cytologies are required on workers presently in asbestos hazardous areas who: a) are 45 years or older; b) have a greater than 10 year exposure to asbestos; c) are smokers.

Any documented respiratory impairment (FEV-1 to FVC ratio of less than 45% or an FVC less than 70% of predicted) is sufficient to preclude one from working in an asbestos job. For people with past exposure who are not working in asbestos hazardous areas, the medical surveillance questionnaire becomes vitally important. If the member has a history of significant positive asbestos exposure, he gets a physical examination and, if warranted, is put in the annual examination and chest x-ray program. If negative, a follow-up in five years is all that is required.

Here is a short list of things to look for when trying to rule out asbestosis or asbestos-related disease. Two or more of the following will qualify someone for placement in the annual physical examination asbestos control program:

1. Shortness of breath on exertion.
2. Basal respiratory dry crackles and rales.
3. Interstitial changes on chest x-ray.
4. Decrease in FVC or diffusion capacity.
5. Digital clubbing.

Usually a ten-year or greater exposure history is necessary for a real pulmonary asbestosis. This, however, does not mean that someone with heavy exposure over five years won't get it. Check everyone on an individual basis.

The asbestos control program may sound very confusing because it is. The questionnaires especially are only 50% accurate. You will not get people in the program who need it because they did not respond appropriately to the questions. Likewise, you will put people in the program who don't need to be because they put down that they have a 200 year history when, in reality, they have never seen an asbestos particle. Glide with the tide and do the best you can.

Hydrocarbons

Hydrocarbons are included as a specific entity because most are unaware of their toxic potential. There have been articles from the Navy Safety Center documenting halogenated hydrocarbon-related casualties onboard navy vessels. Special attention must be paid to refrigerants, solvents and gases in liquid form such as Freon, Isotron and TCFE. They are widely used as paint thinners, refrigerants, fumigants, propellants, etc.

Hydrocarbons can cause severe kidney and/or liver damage by low-grade chronic exposure through contact or vapors. An acute, heavy exposure can result in hypoxia and death (these elements are heavier than oxygen and may displace oxygen completely). Skin and eye exposure can be very irritating and cause conjunctivitis or severe contact dermatitis. High temperatures will degrade vapors to extremely toxic and irritating gases.

The following precautions are to be checked by the medical officer to insure the safety of all personnel. Monitor and advise, but engineering and other departments involved should obtain the necessary protective equipment and conduct training. Check:

1. Proper labelling of containers.
2. Adequate ventilation.
3. Oxygen breathing apparatus utilization during fires where vapors may exist.
4. All personnel should use an approved organic vapor cartridge respirator when handling organic agents. Departments may ask for surgical masks. These are not adequate, so don't provide them for this purpose.
5. Air breathing equipment in any closed space where these materials are utilized.
6. Goggles, skin coverings, gloves, boots and headcovers must be worn, especially when handling liquid halogenated hydrocarbons.

On inspection, you should occasionally ask to see the protective equipment and insure that people are aware of its use. Refrigeration mechanics are especially lax in their dealings with refrigerators. They all seem to be under the impression that Freon is non-toxic and innocuous. Casualties have been reported from Freon gas inhalation, and there have been cases of kidney and liver damage from absorption of liquid Freon through the skin. Further fascinating details

can be found in BUMEDINSTR 5290.19A.

Heat Stress

This area of responsibility is shared with the engineering department. The medical officer is responsible for prevention of heat stress casualties. The engineering machinery rooms, especially steam plants, run very hot when "lit off". Temperatures climb well over 100 degrees and the humidity is high. Other areas to monitor are the laundry and scullery spaces, sources of thermal stress, although to a lesser extent. The idea behind a good heat stress program is to prevent heat casualties by monitoring the thermal conditions and limiting stay times in these areas to allow personnel to "cool down".

Medically, the heat stress program is one of measuring heat stress of the work space and calculating proper stay times for the personnel in those areas. Anytime the dry bulb temperature in these spaces exceeds 100 degrees (F), medical is contacted by engineering and a representative goes down to the area to take a Wet Bulb Globe Test (WBGT) reading. (Although instructions referenced here indicate that the engineering department is to take these readings, they usually will call you first.)

A WBGT meter uses a dry bulb, a wet bulb and radiant heat measurement simultaneously to arrive at a "WBGT index". This number is then referred to the Physiologic Heat Exposure Limits chart (THE PHEL CHART) which consists of a series of curves labelled A, B and C corresponding to physical activity levels; "C" being the most active. The curve has a WBGT number on the access and time in hours and minutes on the abscissa. By referring to this chart, one can find the stay time of an individual in the area in question at a particular WBGT reading and activity.

Once stay time is calculated, reports are given to the chief engineer and to the CO. The watch-standing durations will be adjusted to achieve those recommendations. As medical officer, you make any additional health recommendations to the commanding officer you feel necessary.

Regulations state that once the stay time is below four hours (a normal watch-standing period) a survey should be repeated at the shortest stay time interval calculated. If

the stay time is below two hours, a rest period of twice the stay time is indicated, never greater than four hours at a time. Thus, if the stay time is calculated to be one hour, the rest time, in a cool area (room temperature) would be two hours. When stay times are very short, watch out for heat-stressing your corpsman as he runs back and forth to take readings.

Engineers generally will call for a repeat survey when they change the operating speeds or conditions of the plant, or the ambient air temperature falls and the space cools significantly. Basically, they call to get their watch increased to four hours whenever possible.

If fortunate enough to have a preventive medicine technician aboard, the heat stress program should be up to snuff and you will not have problems. Most ships, however, will only have a corpsman who was trained in a short school in "how to use" index. In that case, personally check the heat stress procedures to insure that all guidelines are followed. Keep a record of all heat stress tests performed throughout the year; you are required to keep these on file and will need them for SURFLANT/PAC or PRV inspections.

Many engineering departments, commanding officers, and executive officers feel the medical department is responsible for the whole program completely. The instruction is ambiguous enough to leave many points open to interpretation by any given reader. When engineers read the instruction, medical is responsible; when medical reads the instruction, the engineers are responsible.

However, medical department involvement with the program should still include more than monitoring. Medical can best serve the engineers by coming down (every hour if needed) to clinically ensure that personnel are not being physically exhausted by the environment. The engineers can easily take the readings, but a medically-trained person is needed to tell if someone is being heat stressed beyond their limit. Current instructions do not provide clear tasking for this and presently it is a moot point.

Periodic inspection of areas at risk to be sure thermometers actually exist and are in the proper areas should be performed. Thermometers should be placed in the area where personnel stand watch and perform most of their

work. Chilled water fountains which work properly are to be provided for personnel in heat stress environments. Exhaust hoods and ventilating vents for cool air are important and should be properly maintained.

A swinging bulb cycrometer should be available to act as a backup if the WBGT meters fail. Be sure all personnel involved are familiar with its use. Check the latest heat stress survey conducted by EPMU to identify heat stress areas. Anytime a ship goes into the shipyard it should have a repeat survey performed to document any changes. (Especially when extensive engineering work has been done.)

Anytime a heat casualty occurs, medical is required to report it on an RCF NAVMED 6500-1 form. Further details on these programs can be found in OPNAVINST 5100.20, 6000.1 and NAVMED P-5010, PREVENTIVE MEDICINE MANUAL, Chapter 10. Each ship should also have an instruction governing heat stress. Refer to it, especially if you wish to update it with new instructions. Always make sure the ship's instruction refers to current, not outdated, instructions. The information will be quite different in many cases. For illustration, a PHEL CHART is included in this book.

General Safety Items

Most industrial-related work activities will be in the following areas: welding, painting, metal cleaning, hazardous materials, working in an enclosed space, machining, metal casting, electrical and electronics maintenance, battery recharging and sewage treatment. Each has some common safety points, such as protective eye gear, protective clothing, protective head gear and respiratory protection.

Eye Protection

An area that needs policing to insure compliance. Periodic walkthroughs of the industrial spaces to make sure people are using their eye protective devices is helpful. This will usually fall last on your list of things to do. (If you did everything outlined in this book, you might never sleep!)

Individual departments are responsible for obtaining and issuing proper eye protection. Items to be aware of are:

1. A ship's standard instruction should be available outlining and enforcing eye protection guidelines.
2. All personnel who routinely work in eye hazardous areas should be issued personal eye protection devices (goggles, safety glasses, etc.).
3. Corrosive chemical work necessitates the use of goggles and a plastic face shield whenever possible.
4. Emergency eye wash stations that provide a 15 minute continuous flush are required in industrial shops, particularly in areas where corrosive liquids are used. SURFLANT/PAC may tell you that eye wash bottles (1 quart size) are adequate in machine shops where corrosives are not kept. The Safety Center, however, will tell you they are not adequate and you must provide 15 minute continuous flush stations, either by portable unit or a permanent plumbed line from the ship's fresh water supply. The correct answer will depend on the inspector.
5. An eye hazardous area must be clearly marked "Eye Hazard Area".
6. Any welding operation is to be properly screened to prevent arc flash or burn to people not directly involved in the welding operation.
7. Eye hazardous machinery and equipment should be properly guarded whenever possible. (That doesn't mean putting a Marine guard at the machine!) Face shields and plastic protective guards should be placed over the machines to prevent foreign bodies from flying into the eyes of the operator.

Respiratory Protection

Many areas require respiratory protective devices. It is important to be aware of the general requirements, but the medical department is not responsible for procuring respiratory protection. Each department must provide its own equipment and should be monitored closely on a day-to-day basis by their own personnel. The following guidelines are offered:

1. A ship's instruction governing the implementation of the respiratory protection program is required. Written standards should be included in this instruction that governs the selection and use of appropriate respiratory protection.
2. Respirators should be selected according to the

specific hazard. Each department is responsible for insuring proper training of their personnel. Be prepared for this training to be a medical department function. (Not only are you the czar of trash, garbage and waste, but you are also the keeper of clean air standards.)

3. Respirators must be cleaned between each use. Generally, they are not. Most of them will have paint caked up in them and, sometimes, they grow something awful in the nosepiece.

4. The medical officer is, by regulation, to determine if the user of a self-contained device or respirator is physically fit. This is an impossibility. Time constraints and the sheer numbers would preclude doing so. Besides, there are very few disqualifying conditions, short of active tuberculosis, that would preclude their use.

5. There should be enough respirators available for use in each department. This generally doesn't happen due to equipment condition from abuse.

6. The medical department is often solicited for "surgical masks" to be used as respiratory protection for other than simple dust or dirt hazards (for example, painting, spraying, etc.). This is a NO-NO. Surgical masks offer no protection from most noxious fumes and vapors or micro-spray droplets of paint.

Protective Clothing

Many toxic materials are handled aboard a ship. The spectrum runs from Argon to Xenon. Many of these materials (mostly the halogenated hydrocarbons) are absorbed readily through the skin and can cause widespread systemic symptoms and problems. A few examples include:

1. Cellulube: a non-flammable hydraulic fluid that can cause permanent neuromotor paralysis or severe dermatitis when absorbed through the skin.
2. Halogenated hydrocarbons: cause severe liver and/or kidney damage with chronic exposure.
3. Baygone: an organophosphate insecticide which has the activity of dilute nerve gas. Chronic exposure can result in a prolonged acetylcholinesterase inhibitory activity. Exposure to a large amount in a short period of time can be very toxic or fatal.

Protective clothing is essential in handling these substances. In most cases, a good pair of well-fitting coveralls is adequate. If a spill occurs, the garment can be shed quickly and the individual can wash the substance off to reduce exposure. Use of special "rubber suits" is unnecessary in most situations.

Rubber boots are needed when working with contaminated water, sewage, or chemicals to which rubber is impermeable. Steel-toed shoes should be standard in all machine shops, welding areas, and for anyone working around heavy equipment. Many big toes have been spared by these "boon dockers". (Seamen will tell you they are also great in a bar fight!)

Hand protection, such as corrosive resistant gloves or shields on saws and machinery, seem like common sense items. But you will be amazed at the lack of regard for even the simplest protection. Everyone thinks, "I am careful. Nothing will happen to me". Until it does.

Hard hats are often forgotten when overhead work is being done. A wrench that falls ten feet and hits someone on the head not only hurts, but can play hell with his IQ. Cranes, booms and men working aloft are all potential bombers of debris. Hard hats should always be worn by personnel working in these areas. Be sure there are enough functional hard hats to go around. By the way, don't be guilty of inspecting such an area without adequate head covering yourself. It sets a poor example, and most of us don't have enough IQ points to throw away!

People who work without safety gear are casualties. They just haven't laid down yet. Do not tolerate personnel who shun safety procedures.

That gives you a basic background. Now let's discuss some of the specific areas to which you need to pay particular attention.

Welding Areas and HT Shop

The Hull Technician (HT) shop is where most welding and sheet metal work is done. Welding and cutting may also be done in other areas around the ship where needed. Basic protection includes: eye goggles, welder's mask, coveralls, and steel-toed shoes. If you see someone improperly

equipped, let them know about it and inform their superiors.

The HT shop should be inspected by medical at least once or twice a month. Monitor this area periodically. Things to look for include:

1. CPR poster mounted on bulkhead.
2. Rubber airway mounted on the bulkhead next to the CPR poster.
3. Flexible local exhaust hoods over the welding tables.
4. A black shield around the welding benches.
5. An eyewash station mounted near the work area, or a plumbed unit nearby which can provide 15 minutes of continuous flushing. All splash hazard areas require 15 minute continuous flush facilities. Particulate matter hazard areas, such as machine shops, wood shops, and grinding areas, need at least a quart-size squeeze bottle available for quick eye flushing. Plumbed units or 16 gallon, 15 minute continuous flush portable units mounted on the bulkhead are preferable.
6. "Eye Hazard Area" should be stenciled in bright red letters on the door of the shop.
7. All pieces of machinery that create noise over 85 decibels should be labelled "Noise Hazard".
8. Oxygen and acetylene bottles should be marked appropriately and stored correctly. When coming aboard, be sure these acetylene and oxygen bottles are secured for sea so they will not roll around when the ship takes a 20 degree roll. A blown pressure bottle is very exciting.

Battery Shop

Recharging and repair of storage batteries is done aboard almost every ship. This process involves handling acids and electrical devices. The process gives off toxic and flammable gases, including hydrogen. Specifics to check are:

1. Fifteen minute continuous eye wash flush station.
2. "No Smoking" signs posted.
3. CPR poster and rubber airway on the bulkhead.
4. Washdown shower permanently plumbed into the ship's portable water supply.
5. Adequate face shields for everyone (don't compromise

in this shop).

6. A neutralizing station for an eye splash of corrosive material.

7. Protective garments, including goggles, face shields, etc., as well as protective coveralls must always be worn in the area whether recharging is being done or not.

8. "No Smoking" and "Eye Hazard Area" should be stenciled in bright red letters on the door to the space.

Machine Shop

Here, metal sheet work, drilling, pressing and metal casting is performed. As in other industrial areas, eye protection (goggles), hearing protection, and steel-toed shoes should be minimum requirements. A quart-sized, squeezable eye wash bottle is also a minimum requirement. Continuous eye wash stations mounted on the bulkhead are preferable. CPR posters, rubber airways, etc., should be readily available. "Noise Hazardous Area" and "Eye Hazardous Area" should be stenciled on the door in red letters.

There is little difference between the machine shop and other industrial areas. Just imagine, though, if you decide to give up medicine, you can always get a job as a plant manager watching for eye hazards, foot hazards and deaf machine operators.

General Surface Maintenance

The decks, hull, bulkheads, and overheads are constantly being cleaned, primed and painted. Hazards associated with these activities include noise (grinders and chippers), noxious fumes and skin irritations (from paint and paint solvents). Eye hazards from both paint and tools, as well as respiratory hazards are also present.

One of the biggest abuses is the lack of respiratory protection. Many times crew members are asked to work in a poorly ventilated, enclosed space using paint and solvents that give off noxious, organic vapors, some of which are highly flammable. Approved respirators with organic vapor cartridges must be provided for this type of work. If not provided, the work should not be done.

Electrical Safety

The Electrical Safety Officer (ESO) is in charge of making sure all electrical appliances, extension cords and plugs are electrically safe. Your job is to make sure personnel are trained in CPR, first aid and general electrical shock hazards. CPR posters and rubber airways are required in all spaces with electrical equipment and in any space where electrical shock can occur.

Training is probably your biggest function. General military training for your ship will include a series of medically-related subjects that you are required to teach the crew. Find out about that from your department chief when you report aboard. Electrical safety is but one subject included.

Short wave and microwave radiation hazards are also present with radar systems and high frequency gear. Make sure these hazardous areas are marked and clearly posted. (High energy radar waves can make pot roast out of anyone in short order.)

CHT Pump Rooms

As mentioned previously, this area is a safety as well as a sanitation hazard. In addition to insuring that all protective clothing and gear are available, you must be sure that self-contained breathing apparatus are available, if needed, and that checks for methane are made periodically. Of course, it is vitally important that "No Smoking" signs be placed in this area. All operating instructions for the CHT pumps should be clearly posted on the machinery.

A "gas-free" engineer should be assigned to your ship. He is in charge of making sure unventilated spaces are free of any noxious, toxic gases. Article 074-18.15 of the NAV SHIP TECHNICAL MANUAL (NSTM) specifies his responsibilities. (This is not a publication you will need to memorize. If there is a problem with a space, he is the man to ask.) The gas-free engineer makes sure conditions in the spaces comply with gas-free directions detailed in the instruction and that any danger of poisoning, suffocation or admission of flammable gases and dust vapors have been eliminated before work proceeds.

Note that except in the case of an emergency, no one shall enter a closed or poorly ventilated space, tank, or bilge without obtaining permission from the commanding officer. Before anyone enters the space, the gas-free engineer must certify the safety of the space for the men and the intended work. Details on the safety precautions and mechanics of this procedure are in the aforementioned reference.

Mercury Control

Any ship with a dental officer will have free mercury in the dental laboratory as a component of the amalgam base used for restorative dentistry. On safety surveys and command inspections, check how the mercury is handled. The working area must be well-ventilated with a fresh air exchange and an outside exhaust. By regulation, the air should be sampled periodically for mercury vapor. (This will probably be done by the dental officer--it's his space--but be aware of the regulation.) The mercury should be kept in tightly sealed containers away from heat and flame. Last, but not least, there should be some form of mercury clean up procedure to be followed in case of a spill. Dental units on some of the smaller ships, such as LPD's, will have mercury in self-encapsulated containers. Mercury is broken out only as each unit is mixed, preventing the dangers and hazards of a mercury spill. Further details in the references.

General Storage and Handling of Oxidizing Materials

No oxidizing material may be stored in an area adjacent to any magazine or heat source where maximum temperatures exceed 100 degrees fahrenheit under normal operating conditions. Oxidizing materials also may not be stored in the same compartment with easily oxidizable materials, such as fuels, oils, greases, paints or cellulose products. Warning labels must appear on all containers and on secondary containers after transfer of oxidizing materials onboard the ship. The labels must indicate exactly what the material is and the amount contained. Those warning labels are NEVER to be removed or scratched out. Oxidizing materials should be accessible only to authorized personnel.

The primary oxidizing material stored onboard is calcium hypochlorite, authorized for the purification of potable water, sewage treatment, and biological and chemical agent

decontamination. Six ounce bottles are the only authorized bulk containers for potable water purification. Three and three quarter pound bottles are allowable for use in sewage waste treatment.

Calcium hypochlorite in and of itself is not combustible, but reacts readily with flammable materials, sometimes violently, especially with organic fuels. Any contact with materials such as paint, oil, grease, detergent, acid, alkali, antifreeze or other organic combustible material can produce large quantities of heat and/or fire liberating chlorine gas.

A small, ready-to-use stock of 6 oz bottles is issued to medical or engineering (preferably engineering) who should be in charge of its storage. It must be stored in a locked box mounted on a bulkhead. It is not authorized to have a calcium hypochlorite locker in the main engineering space.

A first aid locker, NSN 2090-00-368-4792, is recommended for this purpose. These boxes must be ventilated, using holes drilled into the bottom of the box to allow the release of any chlorine products. By regulation, no more than several days' supply can be maintained in this ready locker at any one time. The ready-use stock for sewage disposal treatment can be stored in steel aluminum cabinets located on the bulkhead. These cabinets and racks must be equipped with shelving and retainer bars to secure the individual containers. The area must also be dry and not subject to condensation or water accumulation. No more than 48 six ounce bottles or 36 three and three quarter pound bottles shall be stored in any individual locker or bin.

Issue shall be made only to personnel designated by the medical or engineering officer. In most normal circumstances, the engineering officer will designate a water engineer to break out chlorine as needed for water and sewage.

When disposing of calcium hypochlorite due to a spill or an accidental contamination, clean-up is accomplished with water. If drainage is available, the spill can be flushed to the drain or down into the bilges. There is no fire hazard from any dissolved calcium hypochlorite, even if it is flushed into the engine room bilge.

Sweepings of dried CH should be dumped immediately into the water, and the broom or brush used to sweep immediately rinsed with water. Never allow dumping of dry calcium hypochlorite into trash cans, a tremendous fire hazard.

If the contents of the storage locker become contaminated with any foreign material, empty them into a bucket of water. The water mixture may then be discharged through sanitary drains or dumped overboard. Calcium hypochlorite is not an environmental pollutant in quantities of a few pounds. For details, reference NAVAL SHIP'S TECHNICAL MANUAL, Chapter 670.

Safety in Medical Spaces

Your own department's safety should be your primary area of concern. The following is a general list of what is deemed "safe" by the Safety Center and SURFLANT:

1. A well-maintained poison antidote locker must be located in the main sick bay. This locker should contain most major antidotes for chemicals and toxic substances onboard. A complete list of requirements may be found in pertinent SURFLANT/PAC instructions.
2. Portable medical kits must be available and currently stocked in each repair party locker. (What this has to do with safety stretches the imagination, but it is on the Safety Center inspection checklist!)
3. Shipwide distribution of sealed and properly labelled first aid boxes with current inventories. An ongoing problem is keeping up with the constant pilferage. You may need to have your corpsmen conduct monthly inspections to identify which boxes have been broken into so that missing items can be replaced.
4. The material condition of all stretchers, including safety straps and lines, must be checked each year. The lines on the litters should be long enough to reach down the entire length of any escape trunk. This may mean a line long enough to reach 7 or 8 deck levels.
5. All electrical shock hazard areas need rubber airways and CPR posters, including the medical spaces.
6. All battle dressing and decontamination stations must be kept stocked with all required materials. This is another area that will frustrate you, because they are constantly broken into. The more secure you make them, the less your problems. However, this won't

prevent the engineers from removing your sink drain pipe or light fixtures when they need spare parts. It seems BDS areas are considered "salvage yards" by engineers; they will take whatever they need in a pinch. And don't think that because it's nailed down it will stay; engineers can get to anything.

7. All drugs, biologicals and pharmaceuticals must be up-to-date (not expired). They must be kept in the storage areas at the proper temperature. Put an alarm on the biologicals refrigerator to indicate when the temperature is out of the safety zone.

8. All injury reports should be handled in accordance with OPNAVINST 5102.1. Injuries that occur must be logged in both the medical department journal and the deck log. Injury reports must be forwarded through the chain of command via the commanding officer and executive officer to the Safety Center.

There are a host of other specific safety pointers in SURFLANT/PAC instructions. Know where to find the information you need. Most of the instructions regard fuels, lube oils, cleaning fluids and the like. Also mentioned are such safety items as worn ladder treads, rubber mats in showers and electrical areas, non-skid surfaces on decks, etc. A good guide is a Safety Survey Checkoff Sheet put out by the Naval Safety Center. A copy is enclosed for your reference.

Nuclear, Biological, Chemical Defense

Nuclear, biological and chemical warfare is an area that is quite neglected. Our basic cultural distaste for this type of warfare has made our defense in this area woefully inadequate from a medical standpoint. Not enough emphasis is placed on properly training personnel to deal with nuclear warfare or chemical warfare or disasters.

A critically important tenet of medical defense during NEC warfare is the insurance of proper decontamination procedures BEFORE the treatment of injuries. Medical department personnel cannot care for contaminated personnel. Contaminated medics are useless to everyone; heroic medics are "dead". All of your personnel should be thoroughly drilled in the concept of SELF-PROTECTION FIRST!

Proper protection in the form of masks, coveralls,

gloves, etc. should be, but unfortunately often is not, readily available for everyone. Training in the use of protective masks should be an integral part of your department, as well as shipwide, military training. For details of decontamination and casualty procedures, refer to the NBC Defense Protocol found in pertinent SURFLANT/PAC instructions.

Medical Guardship Assignment

When in homeport, there will be days your ship will be designated "medical guardship". You are required to be present from 0800 to 1600 on that day to care for surrounding ships' personnel who do not have medical officers aboard. Ships with independent duty trained corpsmen are to use medical officers at the pier whenever possible before sending referral patients or physical examinations to local clinics. When you have guardship, expect to see patients from other ships; be as accommodating as possible. The independent duty corpsmen need all the help they can get. Don't be out playing golf on the day you have guardship assignment!

When in foreign port, medical guardship sometimes means staying onboard at all times. Don't go on liberty when you are in a foreign port if there is no other place to take sick or injured crewmen. There are no beepers to allow you to lengthen your chain to the ship. You have a responsibility to the Captain and the crew as ship's doctor. You are it!

You usually travel with other ships that have a medical officer. This makes being medical guardship easier, because you won't have the call every day. If you have guardship, you may still be able to go on liberty, but only to a place where you can be quickly reached. Let the Captain and the XO know where you can be found for an emergency and stick to your schedule! Stay as close to the ship as possible and do not take any wilderness hikes.

Physical Examinations

A large part of your onboard medical practice will be conducting routine physical examinations. Physicals performed most frequently are discharge, reenlistment, extension physicals, light duty, transfer and annual and tri-annual physical exams for officers. Requirements are slightly different for each examination. Other physicals

will be covered in another section. For your convenience, a chart is included which lists all tests needed for each type of physical examination.

Of all required physical exams, annual and discharge exams are the most important. All officers age 36 and over as well as enlisted men over 40 years old must have annual exams. Officers younger than 36 get exams every 3 years and enlisted younger than 40 get exams when they reenlist or are discharged.

The biggest headache is with officers' physicals; getting them to come down and have them performed. For some reason, officers hate to have physical exams and will fight, kick, and scream to avoid them. Commanding Officers are especially notorious for avoiding their medical checks and exams, particularly their immunizations. You have to take the bull by the horns and get after them to get these things done!

Laundry/Mess Specialist/Barbers and SH Personnel

Personnel working in these areas all require annual physical examinations. The annual physical is recorded on a standard form 600 and signed by the medical officer or medical department representative. No lab work is required unless specifically indicated after examination. One copy should be placed in the health record and another in the training record. If you have a good tickler file system, your examinations will be up-to-date and you should have no problem.

Exams should be done with great care; all body systems must be reviewed. If you sign your name on that form, and don't do your job, it will come back to haunt you. It is easy to fall into the "it's only routine" trap. If you find physical problems, refer to the MANUAL OF THE MEDICAL DEPARTMENT to determine if they are disqualifying.

Acquiring consultations with specialists is essential for problems or disqualifying attributes. The patient is to be referred to the next higher chain in the medical system. A Physical Evaluation Board may be needed to determine if the subject can remain in the service. This is not your job. Yours is to do the initial physical exam, not disqualify a man based on what you find.

No job is complete until the paperwork is done (says graffiti over a toilet). For most physicals the SF 88 (Report of the Medical Examination) is required. * A SF 93 (NAVMED 6120/1) is required for annual physical exams in lieu of a SF 88. Along with the required tests, always check immunization records and audiograms. Visual acuity and lens prescriptions are very important items, especially if a problem has been reported. In short, thoroughly screen the health record. You will be amazed at how many little things you will catch that never have been done.

Have those due for a physical exam report to sick bay one week before they are scheduled. All the lab work will be finished by the time the patient sees you and everything should be ready including completed forms for the exam and the record screen.

One week is sufficient time to get all blood work, x-rays and other necessary studies from regional clinics or medical centers for things that cannot be done on the ship. You can get most of your required lab work, including a PA chest x-ray (you only need a PA chest, no lateral is required) onboard. The only things you may need to send out are SMA 12's, triglycerides and cholesterol. Optometry can do intraocular pressures.

You should be able to do a physical exam from start to finish in less than twenty minutes and leave no stone unturned. By educating your corpsmen in preparing the patient, the job will go fast and you will do it better. Efficiency is important when you start doing six to seven physical exams a day, along with sick call and other collateral duties.

For patients exposed to ionizing radiation, a slit lamp exam is required. You will need an ophthalmology consult on anyone going to radiation hazardous duty or who has recently been exposed to radiation.

Often you will be called by a medical department representative onboard a ship with no medical officer to perform a physical. Be as accommodating as possible. Medical department representatives are hard-pressed to get these examinations finished. By the same token, don't allow yourself to be abused by allowing them to send patients over anytime they wish. They should treat you just as any other

consultant and call to schedule patients who need exams.

You should expect (as any consultant would expect from you) that initial work is completed before the patient is referred. It is not kosher for other ships to refer their patients to you and expect your corpsmen to do all the lab and paperwork.

It is also a good idea to inform the dental officer, if you have one, when you will be doing physical exams. Since he is required to do a screening dental examination, he will need to see the patient before the exam is completed.

If you follow these general guidelines you should have no problem dealing with your routine physical examination load in a timely and efficient manner. Answers to questions on physical examination requirements can be found in the MANUAL OF THE MEDICAL DEPARTMENT.

Special PE's

Brig and Correctional Custody Unit Exams: At times, members of the crew will be awarded confinement to the brig or correctional custody unit (CCU). You are required to examine and certify them as physically fit to stay in confinement.

The brig is jail. Servicemen are confined there for serious crimes (rape, murder, larceny, armed robbery, prolonged periods of unauthorized absence, etc.) for extended periods of time (six months or greater). They are often awarded confinement and hard labor. If during your physical examination, you note a physical limitation, be sure the brig personnel are aware of that limitation when assigning work details. He may only be able to sit in his cell during his confinement (if that is all he can physically do) but he will go.

Because a ship's brig is not fit for human habitation for long periods of time, a 72-hour confinement limit is imposed. And a man confined to the brig may spend his 72 hours eating nothing but bread and water. Most sailors can stand three days of bread and water without any problem. As a matter of fact, you will probably have sailors onboard who could use a few days of bread and water. Nobody will starve to death during those three days.

The purpose of the brig physical examination is to look for medical problems that may need attention or that must be monitored during confinement. It is also to protect the man's rights and to make sure he isn't abused by the Master at Arms or by the Military Police. If on physical examination, a man has evidence of physical beating, note that prior to his confinement.

Men assigned confinement through Captain's Mast may be awarded the CCU as a rehabilitative measure. The CCU is not used as a mode of punishment under Article 15 (NJP). At the CCU the men are rehabilitated by getting up each day at 0400 and working through until 2200 (4:00 am to 10:00 pm). They are given meals and rest periods throughout the day, but no free time.

These men also undergo vigorous physical training during the day. If a man has a physical limitation, or is unable to perform a particular motion or duty, he will be denied access to the CCU. The men assigned there must be perfectly healthy and able to participate in all activities. Occasionally you may be pressured from above to get a man swiftly processed to go to the CCU. Don't make the mistake of sending a man with an obvious physical problem or limitation to the CCU with a clean bill of health. If he injures himself, he will blame the Navy (and you will burn).

If a man is awarded time at the correctional unit, he is expected to return to his command within thirty days. People being administratively processed for separation are not allowed assignment to the CCU purely as a punishment.

Never let your prejudices interfere with the proper performance of your medical duties. And don't allow yourself to be pressured from above to let something slide.

Medical Practice

Your primary day-to-day duty is patient care, responsible for maintenance of the health of all crew members. Although the CO has ultimate responsibility, you are the ship's medical expert. Your decisions will be scrutinized more carefully than if you were working in a clinic or emergency room because of the close proximity to the rest of your crew. You are literally "on call" 24 hours a day when the ship is deployed.

Because of your ready availability, you may see patients with problems that normally wouldn't get taken to a doctor. Don't be surprised when you are bombarded with requests to remove warts, do vasectomies or just answer "curbside consults". For many sailors getting appointments at shore-based clinics for routine care is very difficult and frustrating. They would prefer to see you because you are right there and you are "their doc". Be accommodating when you can.

"House calls" should be kept to a minimum. Otherwise, you will be running all over the ship. Sick bay is designed as your clinic, use it as such. Keep regular sick call hours and post them so everyone knows when you are available. If you see people as a "curbside consultant" you will have poor documentation of health care and you will never get through a meal without having to look at someone's tonsils or hear about their hemorrhoids. Have them come to the clinic and everyone will be happier in the long run.

There are exceptions to these rules. For example, go to the Captain's cabin when he is ill. It is courteous and shows respect for the position he holds. The same holds for the XO. He is a man that you will be directly under; if he is happy, you will be happy too!.

Proper patient management begins at the time someone walks in the door until the time they are "cured". Patients are no different on ships than shore. They deserve timely care, informed consent, proper follow-up and proper referral. One of the areas often overlooked is proper patient follow-up on admission to a shore-based hospital. Always stay in contact with the hospital to keep abreast of your patient's progress. If you check on him, that man will feel someone really cares and it also keeps you on top of things. Besides, the Captain or the XO is eventually going to ask you about the patient and it is a good idea to have the answers.

Quality assurance is important. Keeping good records and making proper entries in medical records is vital. Review all the medical records for sick call at the end of the day. Be sure all entries are signed, vital signs recorded, diagnosis and treatment plan outlined, and proper follow-up arranged. Your corpsmen will see the bulk of the patients and refer the cases to you that need your evaluation. Make sure that their records are correct. Too

much medical care is poorly documented and fragmentary--don't add to the problem. If laboratory tests are ordered, look at the results to make sure that they are recorded.* All too often someone will write that he ordered lab tests and no mention of the results is ever seen. Have all lab chits cross your desk and initial them when you have seen them to prevent important things from slipping past.

Sick Call

Set aside time every morning and afternoon for routine sick call. This gives the crew an opportunity to have acute problems taken care of, as well as get seen for routine, non-emergent care. Hours should be fixed and well-known to the crew. Do not allow sick call to get backed up or overrun by people looking for a break from work. If sick call gets too big, split it up so you can see more routine things later. The bottom line is to treat, refer or reschedule in a manner which allows people to get back to work in a timely fashion. If you don't, your sick call will become a refuge for people looking to skate out of work.

If manpower and space allow, have your staff see more than one patient at a time. If you have three corpsmen running sick call, they should each see a patient. Unless a complex or emergency case comes in, the patient should not be examined by two or three corpsmen. Sick call will run smoother and quicker if more than one patient is seen concurrently.

When you report aboard, determine what you are comfortable allowing your corpsmen to do. Observe sick call to get a feel for how your corpsmen treat the patients. This will give you an idea of your role in daily sick call. You may elect to see all of the patients, or to see only difficult cases. At a minimum, medical officers should see:

1. All significant abdominal pain.
2. All chest pain.
3. Patients complaining of hematuria, hematemesis, hemoptysis or hematochezia (the four H's).
4. All hand and facial lacerations severe enough to require sutures. You may allow your corpsmen to do the suturing, but see the patient first to evaluate the extent of injury.
5. Any patient requiring antibiotics.

6. Any patient requiring narcotics.
7. Any patient who specifically requests to see you should have access to you, but not before he or she is screened by the corpsman.
8. Immunization patients who have a history of allergic reactions to medications.
9. Patients with sustained high fever.
10. Any patient referred by your corpsmen. This is a situation you can control to some extent. If you find yourself seeing every patient, then you need to educate your corpsmen. Teach them what they need to know and point out where they can look up additional information. Don't allow your corpsmen to get lazy or they'll end up referring hangnails to you.

The corpsmen should see:

1. Anyone who initially presents to sick call. This gets patients screened and keeps you from spending the day on routine problems.
2. Patients who need routine immunizations, PPD's, etc. The corps staff should be well versed on the necessary immunizations needed by servicemen to keep their record up to date.
3. Personnel reporting aboard. The corpsmen should screen their health record to identify deficiencies and problems.
4. Patients with routine indigestion, headache, upper respiratory infections, minor trauma, etc. A Third Class Corpsman or above should be fully capable of screening and treating these common ailments.
5. Patients who need routine laboratory work, RPO's, urinalysis, CBC's done prior to having physical examinations. Depending on the corpsmen's level of training, you may allow them to order other studies such as throat culture, urinalysis, mono spots, etc., when appropriate. Most often you should be consulted and should always countersign the lab chit.

These are only guidelines which you should modify to suit your particular situation. In general, you will see more patients and supervise your corpsmen more closely until you have been at your command long enough to know everybody and their capabilities. Always err on the conservative side. At times, you will probably be unsure of yourself. After having had someone looking over your shoulder for so long, it

will take time to gain confidence in your own decisions as well as those of your corpsmen.

Medical Records

A patient's medical record is a legal document. Everyone at sick call, whether you see them or not, needs an entry made in their medical record. This is not just for medical-legal purposes. The health chart is the only continuing record of medical care. People are transferred frequently and without proper documentation, a service member can undergo redundant tests at his next duty station to rule out a problem that has already been ruled out. Even details like how much of a medication was prescribed will aid someone else trying to render care to your patient. Write down the important facts, but try not to write a book.

Narcotics and Prescription Writing

This is an area that can get you into trouble so fast that you won't know what hit you! The safeguarding and careful prescription of drugs is vitally important. Nothing will cast a shadow of doubt over you and your department more than incorrect prescription practices and inventories. With the Navy's war on drug abuse, anything out of the ordinary regarding controlled substances will put you behind the eight ball!

The system is quite simple. A bulk narcotic custodian (officer) is appointed by the command to be responsible for the management of all bulk controlled drug inventory. This person may not be the supply officer nor anyone in the medical department. A working stock custodian is appointed to dispense drugs from your working stock safe. He is usually the Pharmacy chief (NEC 8482) appointed by the medical officer. Medications are transferred from bulk to working stock before they can be prescribed to a patient.

Keep the number of people with narcotics access to the absolute minimum! Only the medical and dental officers may prescribe any controlled substance. On ships without medical officers, the senior medical department representative may prescribe narcotic medication in an emergency. As long as you are in charge, only you should have prescribing power.

The working stock should be kept in a safe if at all

possible. A large cabinet with safety padlocks may suffice, but it is not recommended by SURFLANT/PAC. Each month an inventory of bulk and working stock supplies is made by the Controlled Substances Inventory Board (which must consist of at least two officers and a third member who can be an E-8 or E-9). This group must be appointed in writing by the Commanding Officer.

The bulk narcotics custodian is to receive all narcotics and secure them in the bulk safe. Practicality dictates that, at times, the medical officer or senior medical department representative receive the bulk storage. Upon receipt, the bulk custodian should be notified immediately and arrangements made to secure storage in the safe. Do not leave narcotics out in the open!

Prescribing and dispensing drugs onboard ship is different from doing it in a hospital. Without a trained group of pharmacists responsible for keeping medications safely secured, the Captain will consider the medical department to be the pharmacy. This puts a double burden on you; not only must you prescribe wisely, but dispensing must also be carefully controlled.

The following guidelines will help keep you out of hot water:

1. Never sign a blank prescription for anything! This is too tempting for even the most trustworthy young corpsman.
2. You must (by directive) sign, date and either print or stamp your name and social security number on every prescription. DO NOT FAIL TO DO THIS, PARTICULARLY ON A PRESCRIPTION FOR A NARCOTIC. If you don't have a stamp with your name, rank and social security number on it, get one. It is a good investment and will make your life a lot easier. For routine medications, prescribed by your corpsmen, their name, signed and printed, should appear on the prescription.
3. Never write yourself a prescription for a controlled substance. Have another medical officer or dental officer write you one if you need it. If there is no dental officer present, have the prescription countersigned by another officer. This is for your protection!
4. Always document in the patient's medical record what

controlled drug you prescribed and how many were given. This protects you and the patient if some question arises as to the validity of controlled drug possession for that individual.

5. Periodically inventory your working stock to be sure there is enough of everything. You may not be able to immediately find the bulk custodian when you need something.

6. Always check the medical record of any patient who presents asking for a controlled medication refill. COMNAVSURFLANTINSTR 6000.1 has an excellent section regarding the use, storage, dispensing and logging of prescriptions of controlled materials.

Prescribing Medical Treatment

Most vessels with a medical officer onboard will have a pharmacy technician trained corpsman. It is a good idea to have him in charge of all your medical stock (except controlled substances). He should maintain proper stock and order replacements. In some situations, he may serve as your supply petty officer, in charge of ordering all medical supplies. This will depend on the size of your ship and the number of personnel you treat.

Having your pharmacy technician responsible for filling all prescriptions sounds like a great idea, but, from experience, does not work in all situations. He may not always be readily available to fill prescriptions. He also can't see patients and fill prescriptions at the same time. A better system is to train all the corpsmen in proper prescription procedures and have your pharmacy technician oversee the operation. Much more efficient in the long run.

What should a corpsman be allowed to prescribe at routine sick call? This will be up to you. Remember, however, that during the cold and flu season, you could spend all day writing prescriptions for Actifed, Drixoral and Robitussin. Routine medicinal, non-controlled stock should be available for the corpsmen to dispense on their own, provided they have done a proper work-up, documented the patient's condition and provided for good follow-up.

There are certain medications that only you should prescribe. These include:

1. Any control substance, by law!
2. Systemic antibiotics.
3. Systemic steroids.
4. Any cardiovascular medications. This includes hypertensive medications.
5. Any medications that need a precise, accurate, specific diagnosis. For example, Tagamet, Synthroid, INH, etc.
6. Any medication that has a known side effect that requires monitoring. For example, Butazolidine, Antabuse, INH, etc.

You probably get the picture--most prescriptions will ultimately require your signature. That is the way it should be. Medications for the common cold, constipation, uncomplicated diarrhea, wound dressing, motion sickness, and headaches associated with viral symptoms can usually be handled by your corpsmen. Read their entries to make sure they are prescribing appropriately and not in excess. Remember, waste eventually costs you OPTAR money.

Non-medicinal Treatment

Most non-medicinal treatment will be rendered by your corpsmen (dressings, hot packs, eye irrigations, whirlpools, etc.) and can be done without your direct supervision, but not without your direct order. The time dedicated to training and supervising your inexperienced corpsmen to do these procedures will pay off handsomely in productivity, as well as their education and morale.

A few procedures should not be delegated; these include:

1. Suturing hand wounds and facial lacerations.
2. Reducing and casting fractures.
3. ELECTIVE surgical procedures.
4. Arthrocenteses of any joint.
5. Peripheral nerve blocks.

In the final analysis, the procedures you delegate will depend on your capabilities and confidence in yourself, as well as your confidence in the maturity and abilities of your corpsmen. All options are off in a true emergency when there is no time or opportunity to call in a specialist. Otherwise limit yourself and your staff to those procedures which you know you can do well.

All IV therapy must be ordered by the physician. A trained corpsman may be allowed to start and monitor an infusion, but only with written orders. All IV medications should be administered by the doctor. Exceptionally well-trained and experienced personnel may be given some of these responsibilities, but those drugs with a known incidence of allergic or adverse reactions may cause problems even your best corpsman cannot handle. It is in the best interest of all for you to be there.

Laboratory

Almost every ship with a medical officer will have laboratory facilities; the bigger the ship, the better the facility. The presence of a lab can be a blessing or a curse. A well-run, efficient laboratory with a competent technician in charge is like manna from heaven. A marginal lab with insufficient supplies run by a poor tech will provide unreliable data which is worse than no data. Many lab techs assigned to ships are fresh out of lab school and may have gaps in their knowledge. Once again, you may have to throw your body into the breach and train your lab tech to do those procedures you require beyond routine CBC's and urinalysis.

It is wise doctor who double checks gram stain technique, culture plating technique, and looks at his own CBC slides and KOH preps until he is confident that they are being performed in a proper manner. You will certainly need to brush up on your basic science and micro techniques.

Don't neglect to take a few of your basic medical school Micro, Path and Biochem textbooks along with you. You will make good use of them. Even if they are now obsolete, the simple procedures used aboard ship will not have changed all that much.

Overall management of the laboratory will be your responsibility. Make certain the space is kept clean and neat. Logs are to be kept up to date. Calibration and maintenance of equipment is critical for you to get numbers that are not randomly generated. The various chemicals and alcohol in the lab make it a fire-prone area.

All laboratory charts should bear your signature. This does not mean you cannot allow your corpsmen to order tests,

but you should know what they are ordering. The best way to do that is to countersign all chits. One flaw of all practitioners is that, when in doubt, we send out wholesale for more tests. Inappropriate tests can swamp the lab, deplete your departmental treasury, and cause terminal heartburn among your lab techs.

Most routine studies, such as CBC's, urines, serology and throat cultures, can be ordered by the corpsmen during routine sick call. A daily review and countersigning of chits assures that they are being ordered appropriately. Another reasonable shortcut is to give one blanket order for the routine tests needed for physical examinations. This will save you the hassle of signing each chit before you see the patient. More sophisticated screening lab work, such as SMA's, liver function tests, etc. will probably need to be sent out and need to be ordered directly by the medical officer.

The most important element of laboratory studies is getting to see the results. The laboratory may not have, as its number one priority, getting the results back to your desk. Access to results may be difficult. It is essential that you know your predecessor's system and that system's success rate for the return of data. If you don't like it, build your own. You are the boss now, so set up a process that makes it as reliable and easy on yourself as possible. DO NOT get caught ordering data and missing out on the results.

For particularly important studies, another mini-tickler system might be the best approach. After you have seen the study result, the chit should be filed in the medical record and a copy kept by medical in a file system. Initial each chit as you see it. This protects your department as well as the lab tech. More importantly, it is easier to find results when the patient loses his medical record during a consultation at the local hospital.

X-rays

Most vessels are issued at least one portable x-ray unit and a technician trained to use the thing. Larger ships (LPH's, LHA's or aircraft carriers) will have a fixed unit with an adjustable table. Even the small portable units will allow you to get good extremity films and usually even a good

AP chest film. Abdominal series and skull series are difficult with these units because they lack power, but in an emergency, a view can often be obtained with enough quality to help make decisions.

Film processing varies between ships. Some have the new X-omat units, but others have the old tank method. If you are unfortunate enough to have a tank, film results will be horrendous if the tank is not kept scrupulously clean, the temperature kept within 0.0000001 degrees of the recommended range, and the chemicals changed completely after every three films are processed. They can be a real pain.

X-ray technicians can pretty much be relied upon to know the most basic views. An additional reference source, such as CLARK'S POSITIONS IN RADIOGRAPHY, should be available as backup. Specific views you would like to have may be unknown to your tech and equally unknown to you.

Analogous to the arguments for tight control for the ordering of laboratory studies, all x-rays should be ordered by the physician. Such a practice will help prevent overexposure for individuals who may in fact not need films. Likewise, all films should be read by the physician; nobody else is qualified, including the x-ray technician.

To keep a file of x-rays, store the films by the last four digits of the social security number which will keep your system in line with the procedures at all Naval hospitals. All x-rays (and all patient care records for that matter) must be kept on file for three years before destruction. Keep the x-ray file in your office to give you ready reference when you need it.

Operating Rooms

On most ships, one or more operating rooms will be available. For the most part, they are big enough to accommodate a patient and small enough to prevent you from working on him. Despite the size restrictions, the larger ships have very nice facilities and you will be pleasantly surprised at the equipment available. Sterilizer and scrub areas are usually available in adjacent rooms. Most rooms also have an EKG monitor and defibrillator, surgical supplies, including major instrument packs for chest and abdominal procedures.

Some surgical areas do not have the necessary machinery for general anesthesia, but often this is neither required nor desired. Hopefully you will not be performing major surgery at sea.

The doc has a good deal of latitude in how he sets up his OR. One suggestion is to rig it as a trauma room. Trauma always occurs at the most unexpected time and place. It can be invaluable to have IV solutions, catheters, needles, crash kits, ET tubes, gastric lavage tubes, defibrillators, etc. all readily accessible in any emergency. There is no special magic formula. If you know where to find everything you need and know how to use it, that is a good system.

Check your trauma inventory to be certain that everything is present and in good working order. Many of us have been trained in the use of MAST trousers in the treatment of shock, but few ships have them in their AMAL. If they are not there and you want them, order them.

Performance of ELECTIVE minor surgery is entirely up to you. Many medical officers are trained in vasectomies and other procedures, and you are free to do them, provided you follow proper administrative procedures. A certificate from your training institution stating your proficiency in the procedure is needed. Additionally, you should obtain permission from the CINCLANT/PAC Surgeon or other appropriate authority before proceeding.

Check on the local laws. It is illegal in Spain, for example, to do a vasectomy--it does not matter that your patient is an American citizen--"la ley esta la ley".

Last but not least, be careful to get informed consent from all interested and entitled parties. Both husband and wife for a vasectomy, for example.

Ward Patient Care

Admission of a patient to the ship's medical ward is no different from admitting them to the hospital. Some of the red tape (and a 3-hour delay) is cut by avoiding the Patient Affairs department, but your procedures are the same. The chart of a patient at sea should be indistinguishable from one at a hospital on shore. Proper admission orders, signed,

dated and with times should be written. A long form history and physical examination is required if the patient's stay exceeds 24 hours. Your orders, progress notes, and nursing notes are kept by the corpsmen and are likewise the same as in any shore-based hospital. These administrative requirements are dictated by SURFLANT/PAC and are non-negotiable.

Away from shore you will probably find yourself the only physican on call for your patients. It will be necessary to spend much more time monitoring and checking on them than in a hospital with a highly trained nursing staff, residents and staff of consulting physicians. The corpsmen in charge of the ward may be the best, but they are not capable of the high degree of sophistication we are accustomed to in a hospital setting. Critically ill patients will need nearly constant bedside attention until they can be moved. Even worse, there is nobody looking over your shoulder to protect you from the SIMPLE ERROR OF JUDGMENT OR OVERSIGHT. Check and double-check your impressions, orders and treatment plans. Communicate, if possible, with consultants ashore.

Less ill patients who are admitted to the ward remain the department's responsibility until they are discharged BACK TO WORK. Some patients will require being "binnacled" for a period of time, but do not let them run around the ship, hang out at the ship fountain or generally give the impression they are goldbricking. Not only does this not look good in the eyes of the department head who wants that man's body, but your sick call will fill up with real goldbrickers who are looking for a free ride. One reputation not to have is that of a "soft touch". The basic idea is to get the patient well first, back to duty second and make certain everyone knows at all times you brook no nonsense.

There is little or no reason to admit patients to the ward while in port. The most notable exception would be a foreign country without good medical facilities. Stateside, and in most Navy bases overseas, a shore-based hospital or clinic is usually available and infinitely preferable. Everybody is on your side on this one; you cannot be accused of trying to turf your patients off on someone else. SURFLANT/PAC dictates that you use the best modality of care available at all times.

If it is in your opinion that a man is not severely ill

and would be better served aboard ship than by the local clinic, OK, but do not do his appendectomy while at the dock, or there will be a lot of explaining in the morning. Take care of your own as best you can, but do not hesitate to call for help. Most of the people at the other end of the telephone have themselves at one time or another ridden a ship or were assigned to some remote duty. You know them right away by their sympathetic attitude on the telephone. Should you have difficulty with a contact, his or her chain of command has at some time been on the Neverdock or had duty at Camp Forlorn and will be glad to help you.

Referrals

There will be times both at sea and in port, when you will need consultations. Referring patients to clinics and Naval hospitals for special evaluations can be a nightmare if you don't do it correctly.

Paperwork is vitally important if you expect your patient to be seen by the right people, in the right place and in a timely manner. A consultation form (SF 513) should always be filled out with pertinent facts when sending a patient to another physician for evaluation. This is a matter of common courtesy and proper professionalism. Don't just send a patient for an evaluation without at least giving the consultant an idea of where to start. If you are doing your job correctly, you have already done an initial work-up. Include any tests, particularly those with a time lag, which you feel will be helpful. Put this information in the medical record and make sure the patient takes the record with him.

Whenever possible, contact the consultant before referring a patient. He may be able to answer your questions right away without seeing the patient, saving everyone valuable time. If you still need to send the patient, you have established a rapport with the other physician. The consultant will not feel abused by an inappropriate consult. Last, but not least, telephone calls give you a point of contact for your patient. This does wonders for speeding up the waiting process and paperwork. The amount of work time lost by unnecessary waiting is vast and can be cut considerably by early telephone contact and proper pre-evaluation. The telephone is a useful medical instrument; don't be afraid to pick it up.

Appointments

Referral appointments are usually made for the patient by the medical department. If you are at sea and expect to be in homeport in less than a week, you can send a message requesting appointment times for patient referrals, or mail in the consult and await the appointment card. Messages, however, do get a quicker response (like six weeks quicker). Some clinics--Dermatology, Internal Medicine, Surgery--run walk-in clinics. These are at specified times and are specifically for active duty personnel. Find out when and where they are and use whatever streamlined system they may have developed to save you hassles.

Medevac

There will be circumstances while underway that dictate the evacuation of a patient to the nearest medical facility. Patients who are beyond the level of care you can provide or who may have a potentially life-threatening illness need to be sent to a higher level care facility. Never be too proud to admit that you can't help the patient. The Commanding Officer will always do everything he can to accommodate your request to evacuate the patient.

Evacuation is usually by helicopter. Occasionally ship-to-ship transfer via boat will be necessary. The CO must weigh the responsibilities of his mission against the well-being of a patient. He depends on you to give him your honest professional opinion.

Evacuating a patient is not as easy as it sounds and is not without risk of further injury to the patient during transportation. Keep in mind that your patient will not be travelling first class on a 747. Helicopters are rough and, on occasion, have been known to fall in the drink. Transferring a patient from ship-to-ship in rough seas is also no picnic.

The decision to medevac will need to be prioritized. The more the critical the patient, the more the ship will interrupt its mission to accomplish evacuation. This may include course changes, changes in port call, flight quarters, boat operations, and sometimes well-deck operations. These evolutions involve the entire ship. For those and other reasons, it is important that you prioritize

your request properly. Don't ask for an immediate medevac of an ingrown toenail! By the same token, don't sit on a hot appendix if you don't have to.

The procedure for requesting air medical evacuation can be found in SURFLANT/PAC instructions, and in the ship's predeployment operation orders for the area you are headed. Send a message to the nearest medevac facility (accepting hospital or clinic) stating the patient's name, age, social security number, diagnosis and priority. Also include any information that would aid in implementation of a medevac. This may include flight capabilities or non-availability, need for trained medical personnel to accompany the patient, drugs the patient requires, the presence of an IV, etc. The message should always be confidential and have the fleet commander as an addressee to keep them informed of a medical emergency.

Never write out a diagnosis when sending a medevac message request. Always use an INTERNATIONAL CLASSIFICATION OF DISEASES (ICD) code. The ICD code book is part of the required AMAL library aboard your ship. This code book lists possible diagnoses, giving you an assigned code number and a letter for each. This ICD code should be used whenever official message traffic is written and received concerning a patient's diagnosis.

A patient's priority status must be included in the message request for medevac. URGENT indicates a life-or-limb threatening injury or illness. This should result in a pick-up within 24 hours. PRIORITY means not immediately life-threatening, but serious. These patients get picked up (theoretically) within 72 hours. ROUTINE means the patient can be picked up when the next available regular flight can be arranged. This often takes a week to ten days.

The system usually works reasonably well, but you might find yourself waiting for what seems like forever to evacuate some patients. The key is wording your message correctly. If someone is in critical condition, by all means, classify him URGENT and get him off the ship. The problem comes with patients who are sick, but not critical, or who have injuries that are not life-threatening, but require prompt treatment. They are all classified PRIORITY but this alone won't get a timely flight. What will is describing the injury in enough detail to let people know that the patient needs prompt care.

If you don't do this, the accepting facility will take its time in sending for the patient.

A routine or even priority medevac can take as long as a week to ten days before the patient actually, physically arrives at the treatment facility after he had been picked up. Medevac flights make frequent stopovers to pick up and discharge other patients which slows down the process considerably. Make certain patients are "shipped" with everything they need (medical records, consultation forms, service and pay records, clothing, etc.). There is no telling how many light years it might take for the patient to reach his destination. The bottom line is if a man or woman needs care within 72 hours, say so in your message. Never, however, categorize a patient as URGENT if he is not! This will destroy your credibility with the medevac system and tie up an aircraft that might be needed for a truly urgent case elsewhere. Use the system, but don't abuse it.

If your ship is homeported where you did your internship, you will be far ahead of the game. Having points of contact at Naval hospitals will enable you to get patients seen faster.

Visiting hospitalized patients does wonders for the patient and for you. The patients will love you for it and your presence there will allow you to get to know people, physicians, nurses, lab techs, etc. who can help you out when you need to get things done. Remember, it is not always what you know, but how much you care that sticks in a patient's mind. Your visit displays concern and makes patients feel like somebody really does care for them. This is especially true abroad, far away from home, when you are dealing with young 18 or 19 year old sailors who have never been away from their homes before. Caring never hurts.

CHANGING THE WATCH

The first few months aboard ship fly--there is not enough time in a day, hectic days of sick call, crises constantly erupting. The middle of your tour usually is serene. Feet on the ground, reasonable contentment balanced by interesting challenges, an opportunity to breathe. Towards the end, the process of psychological divorce from the ship makes the days and weeks crawl as you anticipate your next assignment. Residency, a clinic, BUCIV, whatever. The human mind always seems to move to the next task long before the body.

If at all possible, plan to overlay (crossdeck) with your relief. Remember how lost you felt when you reported aboard, but how cool you looked so nobody could tell that you didn't know which end of the ship floated. Think of your relief. He is lost too. He just looks cool! Take time to help him land on his feet.

We hope your tour of duty aboard ship has been rewarding. The memories you will carry last a long time. The friendships that have been forged will follow you throughout a Navy career. When you salute the ensign and step off the brow for the last time you should feel that you have made a real contribution to the strength and health of this country and that your sacrifice and hard work were worthwhile.

Besides your relief, there is a group of others you might think of. If this booklet has been any help at all in the first few months of duty, spend some time in the last few weeks aboard--before life gets too hectic--to think back. Please let us know of anything in your experience that would be helpful to the next generation of Fleet Medical Officers. Write your thoughts down and send them to the Commander, Naval Medical Command, Education and Training Division, so additions, corrections or improvements to this manual can be made.

In whatever you do and wherever your career takes you from here, your shipmates wish you:

FAIR WINDS AND FOLLOWING SEAS

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